Miscarriage, Termination of Pregnancy and Neonatal Death over 18 weeks and under 24 weeks gestation

Classification:	Guideline
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Guideline to be followed by (target staff): This document applies to Midwives and Obstetricians working with women and Children Clinical Service Unit

To be read in conjunction with the following documents:
None

CQC Fundamental standards:
Regulation 9 – person centred 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.

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

To enable staff to care for service users and babies in cases where there has been a miscarriage, termination of pregnancy or a neonatal death between 18 and 23+6/40 gestation.

Executive Summary

- All neonatal deaths between 18 and 23+6-weeks gestation (Even if a termination of pregnancy) MUST be referred to the coroner (see checklist – Appendix 8)
- The document applies to all clinical areas that manage service users who have a pregnancy loss between 18 and 24-weeks gestation

Key Messages

This document provides information for healthcare professionals caring for service users who have had a miscarriage, termination of pregnancy (TOP), or neonatal death (NND) before 24 weeks gestation. The aim is to improve the experience of care for service users and their families and to ensure that all aspects of care are carried out.

- Please check EDD
- It is the responsibility of the midwife caring for the service user postnatally and prior to discharge to ensure all future appointments are cancelled. Please see appendix 3, section number 8.
- Ensure the families are given the bereavement midwife's contact details so that she can offer support to the family. Please make sure you document the service user's contact number on the checklist (Appendix 3)
- If parents wish to take their baby home and it is a miscarriage before 24 weeks, they can but the baby must go to the mortuary first and signed out from the mortuary, NEVER directly from labour ward. If it is a neonatal death before 24 weeks, they cannot take the baby home as it will have to be referred to the coroner.
- Ensure service users are admitted if IUD diagnosed with severe PET as they are at risk of eclampsia and associated morbidity and mortality.
- If service user is Rhesus negative – give Anti-D on diagnosis and also following the birth (Qureshi et al., 2024).

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.

Report relevant fetal losses / early neonatal deaths via MBRRACE-UK / Perinatal Mortality Review Tool (PMRT 2023). Fetal losses are from 22 weeks and neonatal losses from 20 weeks if the baby has shown signs of life. https://www.npeu.ox.ac.uk/mbrrace-uk/data-collection https://www.npeu.ox.ac.uk/pmrt/faqs (MBRRACE-UK, 2021)

Report al neonatal losses of any gestation to the coroner, ecdop and child health (BLMK, No date)

1.1 Obstetricians

- Introduce themselves
- Inform parents of situation appropriately. Scan for confirmation of death or arrange a departmental scan
- Prescribing medication for induction of labour
- Complete legal forms, for termination of pregnancy if applicable
- Gain consent for termination of pregnancy if applicable
- Ensure a management plan is documented within the maternal records
- Discuss and gain consent for postmortem if competent (See Appendix 5)
- Give moral support
- Be available for questions
- Provide input if necessary
- Provide ongoing care as required

1.2 Midwives

- Introduce themselves
- Give one to one care
- Provide emotional support
  - Be an advocate for the service user
  - It is the responsibility of the midwife caring for the service user postnatally and prior to discharge to ensure all future appointments are cancelled. Please see appendix 3, section number 8.
- Obtaining and administering correct prescribed medication
- Participate in the management plan recommended by Obstetrician
- Follow policy, procedures and guidelines
- Refer to the checklist and ensure it is completed in full (see appendix 3)
  Give informed choice
- Continuity of care if possible
- Inform the Bereavement Midwife Inform the Chaplain (if requested)
- Support with the birth of the baby
- Discuss and gain consent for postmortem if competent

1.3 Antenatal and Newborn Screening Midwives ANNB (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
- Explain possibility of the risk of a live birth and its implications. For all TOPs with a gestational age more than 20 weeks, feticide should be explained and encouraged to ensure that the fetus is born dead. This is performed by an appropriately trained practitioner
- Provide ARC (Antenatal Results and Choices) booklet and other relevant support organisations
- Inform bereavement midwife (Antenatal Results and Choices, 2023)
- Support for the service user and family
- Complete the Prenatal Screening Checklist (See Appendix 2)
- 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. The use of **Feticide** should be considered

- Guidance on: if admission to labour ward is required, arrange a date and time following agreement with patient

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))

- 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

Feticide

Feticide is not performed at MKUH. ANNB will refer to Oxford, John Radcliffe which is our local Tertiary Referral Centre.

1.4 Bereavement midwife

- Staff support and guidance
- Ensure that bereavement packs are made up ready for the midwife to take care of service users who have lost their baby
- Ensure contact is made with the family as soon as appropriate, this can be before, during or after birth of the baby
- Discuss the family wishes and offer support, this could be from the induction period to their options regarding funeral arrangements
- Discuss and give options for funeral arrangements
- Discuss and gain consent for postmortem
- Give contact details of the bereavement midwife, so anyone can contact them whatever their circumstances
- Keep in touch with the family and be available to support their wishes. i.e. go to their home if requested for as long as they need
- Keep the service users notes and ensure that they are filed correctly and include the postmortem report if indicated.
- Once all results/reports are available the Bereavement Midwife to make a consultant appointment 14 weeks post-birth for the family to come and discuss what happened and answer any questions. Future pregnancies are normally discussed.
- Advise service user to contact the Bereavement Midwife in future pregnancies to ensure early antenatal/Consultant care.

1.5 Chaplaincy and spiritual care

The Chaplain can:

- Offer a service of blessing for the baby
- Give emotional and spiritual support to parents and wider family as appropriate regardless of their faith tradition if any
- Give advice on specific religious requirements of major faith traditions
- Help staff contact a faith community leader for the parents' faith tradition if required
- Help with practical ideas about funeral services
- In certain circumstances conduct funeral services
- Offer informal staff support
- Offer formal staff support by facilitating or sharing in a de-briefing process
- Chaplaincy are available 24/7 and can be contacted via switchboard out of hours

2.0 Implementation and dissemination of document

This document will be used in training healthcare professionals within the Service users 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
- 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 service user's perception and ability to cope
- Offer Chaplaincy / spiritual support
- To prevent stress to families a recommended mortuary fridge is in the baby room on labour ward which can be used whilst the family are on labour ward. 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.
- Please discuss photographs - If they are reluctant to have any please emphasise that some people do change their minds and it may be useful to take some on a memory card, which they can take and keep.
- If parents wish to take their baby home and have miscarried before 24 weeks, they can but the baby must go to the mortuary and be signed out from the mortuary. Never directly from labour ward. If it is a live birth before 24 weeks, the baby must be referred to the Coroner so therefore cannot be released without their permission.

3.2 Care on labour ward

- Checklist for Intrauterine Death, Miscarriage, Termination of Pregnancy and Neonatal Death over 18 weeks but under 24 Weeks Gestations (See Appendix 3).

Mifepristone

Mifepristone, an antiprogestogenic steroid, sensitises the myometrium to prostaglandin-induced contractions and ripens the cervix (Mifepristone In: Joint Formulary Committee (2021) (BNF: 2024a).

Service users will be cared for on Labour Ward.

If induction of labour is required for miscarriage and termination of pregnancy from 16 – 23+6 weeks the medication of choice is:

Regime for mifepristone and misoprostol

	Miscarriage 18 - 23+6 Weeks	**Termination of Pregnancy** 18 - 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 PV or PO	Misoprostol 400mcg 3hrly, (1st dose PV) and then 4 doses PV or PO	Consider halving dose of Misoprostol: 200mcg 3hrly(1st dose PV) and then 4 doses PV or PO
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.			

- Service user to lay flat for 30 minutes
- Orally may be preferable to the service users, however the side effects are less with vaginal route
- Please give omeprazole 20mg BD
- Maternal observations, Temperature and Blood Pressure, prior to each dose should be documented in eCARE
- If labour does not establish within 24 hours the consultant should review the management plan

A light diet may be taken until the onset of regular contractions, then fluids only. Give omeprazole 20mg twice a day

A partogram should be commenced for any service user once misoprostol has been given, to observe contractions and maternal wellbeing

A choice of analgesia should be discussed, this may include opiate analgesia, Intramuscular or via a PCA (Patient Control Analgesia) or an epidural.

https://bnf.nice.org.uk/drug/misoprostol.html - Not for unscarred uterus or miscarriage

If Paediatric involvement is required for babies less than 24 weeks

1. The paediatric team will not be involved in nor attend birth of babies following TOP, even if the baby is born alive.
2. In cases of impending miscarriage less than 24 weeks gestation:
   a. Prior to the birth of the baby/babies, if time permits, a discussion between the paediatrician and the parents should take place in the following gestations:
      i. Less than 22 weeks gestation: no paediatric involvement.
      ii. 22+0 to 22+6 weeks gestation: only following specific parental request, having already been spoken to by the obstetric team and following consultant obstetrician to consultant paediatrician referral.
      iii. 23+0 to 23+6 weeks gestation: paediatric involvement.
   b. In cases of impending miscarriage with anticipated live birth of gestation less than 24 weeks, paediatric Team will attend in the following scenarios:
      i. If dates are uncertain but thought to be ≥22 weeks' gestation, the paediatric team will attend the birth. Decision to resuscitate the baby will be at discretion of the paediatric team based on the condition of the baby at birth and any parental wishes expressed.
      ii. If dates are certain and:
3. 23+0 – 23+6 weeks: paediatric team will attend the birth. A final decision to resuscitate will be made at the time of birth and will depend on the condition of the baby and parental wishes; unless an antenatal decision has been made not to resuscitate the baby as agreed with the parents.
4. Less than 23 weeks: No paediatric involvement unless parental wishes and obstetric consultant to paediatric consultant referral.

In situations where the paediatric team has not been required to be present at the birth, the responsibility for viewing the baby in order to complete the death certificate rests with the obstetric team.

Post birth of the baby

- Ensure privacy and allow parents to have the opportunity to be involved in the aftercare of their baby
- Postmortem (PM) booklet must be completed if baby is having a postmortem. Ensure the original paperwork goes with the baby and placenta to the mortuary. Please copy the paperwork and give a copy to the parents and a copy to remain in the maternal records
- "Wherever possible, the booklet should be given to parents when the option of a post mortem is first mentioned, before a detailed discussion about consent. Unless it is unavoidable, parents should always be offered a printed copy."
  The Sands perinatal post mortem consent package | Human Tissue Authority (hta.gov.uk)
  - Post-mortem declaration (consent) signed
- 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 post mortem, send cytogenetics. Take a biopsy from the placental cord insertion, in 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.
- Fill out the congenital abnormalities form and send to prenatal 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 Viewing the baby

Ideally if parents indicate that they wish to see their baby before leaving labour ward, keep the baby in the fridge in the baby room on labour ward and use a cold cot when viewing.

- Should the parents wish to see their baby once he/she has gone to the mortuary, ideally they should arrange this through their chosen funeral directors who can collect him/her as soon as the family wish and they will give them support whilst they see their baby before the funeral.
- However: If parents wish to see their baby after it has been taken to the mortuary an appointment must be arranged for parents to view their baby in the viewing room. Mortuary staff can be contacted on ext: 85828 or contact the Bereavement Midwife on ext 87157 or bleep 1981.
- If parents have gone home and wish to return at the weekend or evening, contact the support team and the midwife can go to the mortuary and either bring the baby up to labour ward or use the viewing room, attached to the mortuary. The support team have access to the mortuary. If mortuary team members are needed then they can be contacted through switchboard, 08.00 till 20.00 at weekends.

3.4 Taking their baby home

Check the coroner has agreed with the cause of death if a neonatal death as they can object and request a post mortem on the baby

Also, if mental health issues-sought advice from mental health professionals to ensure they get support in the community and if it is suitable for them to take the baby home

If the parents wish to take their baby home and not return the baby, they can if the baby is under 24 weeks gestation and not showed signs of life. 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

If appropriate, i.e. More than 18 weeks and not macerated: Ask parents if they want to take their baby home for the day/overnight. If they say yes, please let them take the cuddle cot (blue box). Ensure a 1 litre bottle of sterile water is included (we can get this from theatres) and ensure the guidance leaflet is enclosed (Appendix 9)

If they want to take the baby home: Tell the parents' the purpose of using the cuddle cot is to keep the baby cool, which will help to keep their baby from deteriorating

The baby must **always** leave through the mortuary. Never elsewhere. The mortuary staff will give guidance on transporting the baby from the hospital to their home and back to either the hospital or funeral directors of their choice. The hospital will provide a funeral for all babies under 24 weeks unless it's a neonatal death. A live birth must be registered by Law and therefore the parents will need to register the birth and death. All losses under 24 weeks do not require registration, unless the baby showed signs of life.

IF they are taking the baby home, Appendix 10, MUST be completed and given to the parents. The parents then take the form to the mortuary. The directions for the mortuary: Go past ED (emergency department) and carry on past Oak House, around the bend and when they see a sign for 'MAIN STORES' to take that left turn and drive to the end. The mortuary is there and they need to press the door bell. The mortuary staff will ask them for the form and give them their baby.

4.0 Mothers and babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE)

MBRRACE-UK is a national audit programme and is commissioned by all UK governments to collect information about all late fetal losses, stillbirths, neonatal deaths and maternal deaths across the UK.

Every neonatal death over 20 weeks / over 400g must be reported to MBRRACE. Any miscarriage over 22 weeks must be reported, as well as any TOP over 22 weeks. The Bereavement Midwife is responsible for reporting this data, and an MBRRACE number will be allocated to the case. PMRT will follow each case, excluding TOPs.

4.1 Perinatal Mortality Review Tool (PRMT)

The national Perinatal Mortality Review Tool (PMRT) aims to support objective, robust and standardised reviews of deaths of babies (up to 28 days post birth) to provide answers for bereaved parents about why their baby died. Another aim is to ensure local and national learning to improve care and ultimately prevent future deaths.

The PMRT was developed with clinicians and parents in 2017 and launched in early 2018. Designed with parents at the centre, the PMRT also provides for the first time a systematic means of engaging parents in reviews and ensuring that their perspectives of their care and any questions and concerns they have are considered as part of the review from the outset.

PMRT is held once a month at MKUH, involving an obstetric consultant, bereavement midwife, Clinical governance and risk leads, maternity matrons, and midwives. To be compliant, an obstetrician, or Midwife external to the trust needs to attend. In the event of a neonatal death, attendance by a neonatologist is required.

5.0 Statement of evidence/references

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Legislation

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6.0 Governance

6.1 Document review history

Version number	Review date	Reviewed by	Changes made
14.5	Sept 2023	Tracy Rea	1. Removal of bleep numbers 2. Additions to appendix to include forms
14.4	Oct 2022	Tracy Rea	Additions to checklists
14.3	12/2021	Tracy Rea	Addition of appendix 9: Release form
14.2	16/11/2021	Anja Johansen-Bibby	Pg 7 & 8. Dosages for IOL changed in line with RCOG, NICE guidance, and FIGO from 2017.
14.1	09/2021	Tracy Rea	Minor amendments made inline with national requirements.
13	01/2018		Reviewed and updated
14.5	Sep 2023	Tracy Rea	Additions to checklist
14.6	Nov 2023	Tracy Rea	Addition of section 4: PMRT and MBRRACE tools
14.7	Jan 2024	Tracy Rea Elaine Gilbert ANNB midwives Natalie Lucas	Added more details around emailing to notify CMWs /ANNB team of pregnancy loss.
14.8	Jan 2024	Elaine Gilbert Tracy Rea	Changed email addresses for bereavement midwives BereavementMidwives@mkuh.nhs.uk
15.0	March 2024	Tracy Rea, Ghaly Hanna, Lucy Simms, MKUH library services, Jayne Plant, Matthew Duncan	Total review and update. References and literature reviewed and updated.

6.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Julie Cooper	Head of Midwifery	29.01.2028	30.01.2018	Yes	yes
Ed Neale	Divisional Director	29.01.2028	30.01.2018	yes	yes
Zuzanna Gawlowski	Neonatal consultant	16.02.2021	17.02.2021	yes	yes
Service users maternity guideline group	Service users and children	26.02.2021		no	
Maternity CIG	Service users and children	05.03.2021		no	

Service users Materinty guideline group	Service users and Children	06.09.2023		No	Yes
Service users Health guideline review group	Maternity	06.12.2023		Chairman's action version 14.6 approved	Yes
Screening in pregnancy MDT meeting	Service users and Neonatal Health	27.12.2023		Attended by: Elaine Gilbert, Natalie Lucas, Tracy Rea Leanne Andrews Kathryn Cullen Kirsty Husthwaite Alex Godfrey Indranil Misra	Version 14.6 discussed, amended to create version 14.7 (see review history) Yes.
Maternity Guideline Review Group	Service users Health guideline group	03/01/2024	-	Version 14.7 approved as chairman's action	Yes
Service users Health guideline group	Service users Health	31/01/2024	-	Version 14.8 approved as chairman's actions	Yes
Guideline circulated to maternity and gynecology staff	Maternity, obstetrics and gynaecology	16.02.2024	26.02.2024	General comments returned regarding gender language, formatting. To remove feticide from document as this is no longer offered at MKUH. Clarification around drug dosages for scarred uterus vs. unscarred.	Yes
Women's Health Guideline Review group	Women's Health	06.03.2024	-	Version 15.0 approved by group	Yes

6.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Audit in line with the Maternity Incentive Scheme (MIS) Safety Action 1 • All eligible perinatal deaths should be notified to MBRRACE-UK within seven working days • Parents should have their perspectives of care and any questions	PMRT/Board report	Service users Health Governance and Quality Improvement Lead/ Obstetric Bereavement Lead/ Bereavement Midwife	Case by Case	Service users Health CSU Maternity Assurance Group (MAG)

• Reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months.				

6.4 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	Service users and Children	Department	Maternity
Person completing the EqIA	Tracy Rea	Contact No.	87157
Others involved:		Date of assessment:	23/03/24
Existing policy/service	Yes	New policy/service	

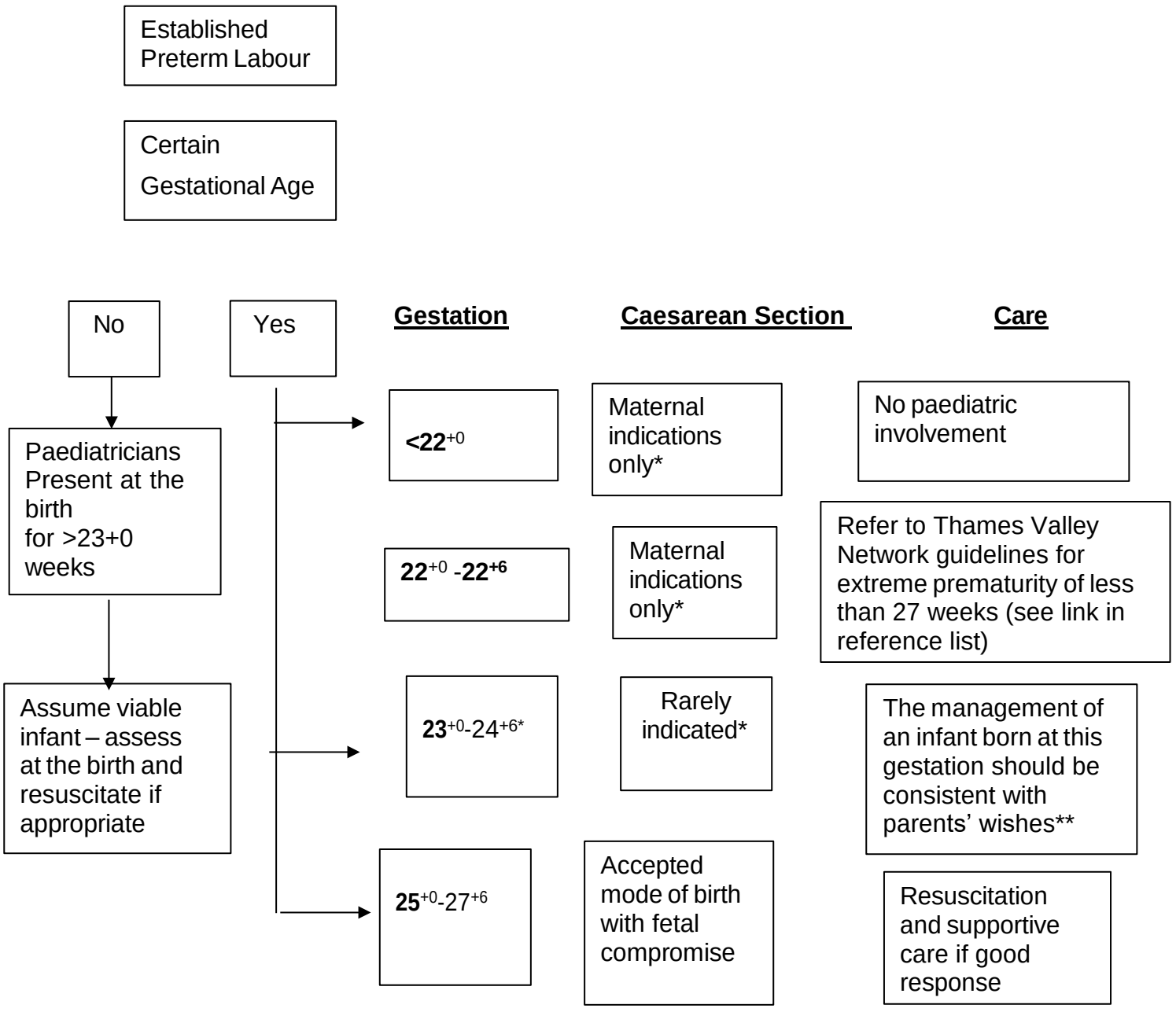
Will patients, carers, the public or staff be affected by the policy/service?	Yes
If staff, how many/which groups will be affected?	*All staff*

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?
Emails and meetings

How are the changes/amendments to the policies/services communicated?			
Emails and meetings			
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	03/2027		

Appendix 1: Management of Threatened Birth at Extremely Low Gestational Age



* Caesarean section offers no benefit to the fetus <25 weeks gestation and should be performed only when indicated for the health of the mother.

**** There are wide variations in prognosis and outcome for infants born at this gestation. The management of an infant born at this gestation should be consistent with parents' wishes. For infants without fatal congenital abnormalities, and with parents who wish resuscitation the clinician's decision to resuscitate at birth should depend on the infant's condition. Objective criteria include condition at birth, lack of bruising and presence of spontaneous respiratory efforts.**

Appendix 2: Prenatal Screening Checklist

Patient Addressograph

	Preadmission	**Signature**	**Date**
1)	**Counselling**		
	Paediatric referral offered: • Tertiary referral centre • Local		
	Discussion points; • Possibility of livebirth risk and its implications explained.		
	• Feticide may be offered if the gestation is greater than 20 weeks		
	• Induction procedure fully explained to the patient		
2)	FormHSA1 (Abortion Act Certificate A) completed and signed by two doctors		
3)	Drug chart completed according to regime, signed and taken to pharmacy		
4)	Inform Labour Ward of expected admission		
5)	Appointment given for administration of Mifepristone Date:…… Time:…… **Check guideline for the possibility of second dose being required**		
6)	Admission arrangements made: 1. Labour Ward (at least 36 hours after Mifepristone administration)		
7)	Form HSA 4(Abortion Act 1967 Sept 2006) in notes for Labour Ward Consultant to complete following procedure.		
8)	All paperwork taken to Labour Ward		
9)	Does the Consultant want: a) Postmortem ☐ b) Cytogenetics ☐ c) Placenta to histology only ☐		

Appendix 3: Checklist for Intrauterine Death, Miscarriage, Termination of Pregnancy and Neonatal Death from 18 weeks and under 24 weeks gestations

Patients telephone number please:

Patient addressograph

First Section (Admission until birth)		Signature	Date
1.	Persons to be informed		
	Consultant obstetrician (include name) on duty informed (between 9am and 5pm) Name:		
	Own consultant (include name) informed as soon as appropriate. Name:		
	Validate car parking using machine located in Sister's office.		
	Bereavement midwives ext. 87157(between 8.00am – 3.30pm, Mon-Friday) or mobile 07833 482243		
	Clinical risk midwife ext 87155		
	If there is a language barrier, contact the Trust interpreting services and they will arrange an interpreter- face to face, video call or telephone (By law, we should use an interpreter)		
2.	Check EDD, if baby has died before 24 weeks but delivered after 24 weeks, this is not a stillbirth		
	If a termination, check the 'termination of pregnancy' Consent Form has been completed by the doctor who has prescribed the medication –midwife needs to ensure this is completed		
	If different to date of birth (i.e by scan or feticide and gestation at this time): Date of death: Gestation at time of death:		

	Date of Birth:		
	Gestation at birth: /40		
	Give the service user guidance and information packs that are provided and inform them that there is information in the pack discussing postmortem and funeral advice and how to get a pregnancy loss certificate from the government website, see appendix 18		
	Give them the SANDs booklet, ensuring the 'book mark' is included		
	Please give the lactation choices after bereavement leaflet, so they can make an informed choice about expressing milk or not		
	Please give the physio leaflet		
3.0	**Maternal bloods should be taken. Please order 'bereavement bundle' on ecare –** • **Only take genetic bloods if the Consultant recommends them.** **For an eCare how to guide on how to order a bereavement bundle, please see appendix 3.**		
	If the service user is Rhesus negative - give Anti D on diagnosis and also following the birth. **Please put in batch number on diagnosis:** **Please put batch number following birth:**		
	MATERNAL SWABS If unexplained death under 24 weeks Chlamydia (cervical swab -yellow swab) GBS (LVS - black swab) MRSA Nasal swab(black swab)		
	Please make sure you use the partogram for all maternal observation, contractions, and fetal heart if applicable **To commence the partogram you will need to input onset of labour in assessment and fluid balance**		
	Please explain the appearance the baby may look. i.e the skin maybe peeling		

Second Section (Birth)		Signature	Date
	Placental swabs. Maternal and fetal side for microbiology culture and sensitivity – Use ecare and send to our lab		
	If a neonatal death, please complete section 4 and 5. Just section 4 if not a neonatal death. Then follow checklist		
4.0	Give parents the opportunity to hold their baby if they wish		
	Weigh and examine baby and record here and in maternal records **kg** **Centile**		
	(Keep placenta in the baby room and send the same time as baby to the mortuary)		
	One label to be attached to the baby through the cord clamp or ankles/wrists if appropriate Label **MUST** say: Mothers name (the label can say baby of….) **Mothers NHS number** Date of birth of baby		
	Was the cold cot or cold mat used. Please circle		
	Was the butterfly room used? Yes or No (please circle) If not, what room number and why?….		
	Offer parents to dress the baby. If not appropriate, then use a knitted gown or wrap sensitively. If parents do not wish their baby to be dressed, then just wrap appropriately		
	Cot card and labels to begiven to the parents if they wish		
	Offer spiritual support, which may include a blessing of the baby. If parents would like this, they should be given the option of calling their own minister. Alternatively, call the Chaplain on 86061 or Bleep 1389/1245 (9am to 4pm, Mon-Fri). Chaplaincy is a24/7-hour service so contact via switchboard out of hours		
	Take photographs using the digital camera and print (unless parents decline). (kept in the baby room as a locked door) Use a new memory card for each family so that they can take away. The memory card is in the memory box or if not wanting a memory box, spare memory cards are in the drawers in the baby room		
	Suggest parents take their own photographs on our camera and their mobile phone		
	If baby is over 20 weeks and in good condition, offer 'RMB' Photography. A photographer will come and take the photographs and send to the family directly		

	Call Remember my baby (RMB) first to check availability: Freephone: 0808 189 2345		
	Take foot and handprints using the ink wipe in memory box		
	Offer foot casts ***if*** appropriate and ask a member of staff who has had the training to do so		
	Lay the baby on an inco pad, once dressed to prevent leakage and label with mother's NHS number		
	Complete one NVF Cremation Forms (**always, unless a neonatal death)**		
	Deliver the NVF form to the Chaplaincy Department or email the completed form to: **chaplaincy@mkuh.nhs.uk**		
5.0	**ONLY complete this section if a neonatal Death** **Please make sure you give the appropriate patient information leaflet i.e. If a neonatal death, give that leaflet**		
	If under 22 weeks, paediatrics do not need to attend but an obstetrician does as they will need to complete the paperwork as have a GMC number		
	Inform Paediatricians (bleep 1631) to confirm if baby is alive and then no signs of life (if a live birth over 22 weeks) in order to allow them to sign the death certificate.		
	The Coroner must be informed of a live birth then death. Complete the form 'Coroners' kept in TEAMS, Maternity Safety Huddle, under Bereavement and select the coroners form. Complete and save and save as a download. Complete and email direct to the Coroner's office (email address on the form) and bereavement midwife. If having difficulties, you can write the information on appendix 3 and scan to yourself on the 'tap and go' printer and send to yourself and then email coroners and bereavement midwife.		
	Contact Hearing Screening on Ext 87329.		
	If a neonatal death, the child health department must be informed whatever gestation ASAP following birth. Email them on cms.chis@nhs.net (You can also contact them on 01707 396888)		

	If a neonatal death it must be certified by a paediatrician or doctor and a CAUSE of DEATH certificate completed. (Yellow medical certificate kept with the stillbirth certificates). Please scan to yourself (both sides) and email to the registry office. Keep the original copy in the notes. registrars@milton-keynes.gov.uk Bereavementmidwives@mkuh.nhs.uk **Please add the name of the parents and baby and a contact number so the registrars can contact the family direct and register the baby. The registry office is doing it this way because of covid.**		
	The grey medical certificate book (Cremation form 4) must always be filled out as well by the paediatrician or doctor. A draft is with the yellow book. Parent's to be informed that they must register the death within 5 working days.		
	Please make sure you give the appropriate patient information leaflet i.e. If a neonatal death, give that leaflet		
	If a livebirth – Do usual eCARE as an NHS number is required		
	Ensure death is reported on RADAR if alive RADAR number birth	RADAR reference	
	You MUST complete the online form as a requirement from the child death overview panel, whatever the gestation of a livebirth ASAP following birth: **https://www.ecdop.co.uk/BLMK/Live/public**		

Second Section (Birth)		Signature	Date
6.	**If a postmortem is not required:**		
	Ensure placenta and baby remain together when sent to the mortuary. Place placenta in a dry pot, never in formalin. Label pot, not the lid To label placenta, request on eCare request / careplan add histology and then select histology tissue, then placenta. Sign and print label and requisition form. Stick to the pot and not the lid.		
	a) ALWAYS: please complete appendix 4, 'Postmortem/placenta request form for histology' (last 2 pages only) for all placentas. This is a mandatory requirement to complete these two pages when sending all placentas		
	b) White disposal form (Always)		
	c) If abnormalities noted or a consultant has requested take placental tissue from the cord base. See appendix 10 on where to take sample from. Take membranes and lobes. Place in pink tissue medium (kept in freezer at the workstation on LW) and send with baby to the mortuary. If running low, ring 01865 226001 and ask for more to be sent to labour ward		
	d) Complete cytogenetics form (Examples and forms from appendix 11 or in plastic filing box in the baby room under abnormalities)		
	e) Please gain consent from birthing person if requesting cytogenetics and document conversation on ecare		
	f) Register of Congenital Abnormalities form (NCARDRS) to be sent to ANNB Screening Co-ordinator if indicated (forms in the baby room filing cabinet)		
7.0	**If Postmortem is required or requested:**		
	The baby needs to be 16 weeks in size or over 100g in weight		

	a) ALWAYS: please complete appendix 4, 'Postmortem/placenta request form for histology' (last 2 pages only). This is a mandatory requirement to complete these two pages when sending all placentas		
	Photocopies of any relevant: - a) Scan reports (Always) b) Copy of the notes if relevant		
	Please scan and email a copy of the post mortem consent form, including histology form to: caz.costar@ouh.nhs.uk mortuary@ouh.nhs.uk tina.cowburn@ouh.nhs.uk BereavementMidwives@mkuh.nhs.uk It is easier to send to yourself and then forward on, if you have not got the email addresses on you		
	Inform Milton Keynes University Hospital Foundation Trust (MKHFT) Mortuary ext: 85828 that the baby will require a postmortem. If out of hours, please leave a message		
	The person gaining consent must contact the Consultant Paediatric Pathologist at the John Radcliffe Hospital (JRH) (Oxford) Tel:-. Oxford mortuary 01865 220495, prior to transfer of the baby. If out of hours, please leave a message		
	Ensure that the baby is correctly and clearly labelled before leaving labour ward		
	Offer the parents the blanket that their baby has been given		
8.0	Ensure the baby is wrapped and the face is covered when going down to the mortuary		
	Use CapMan to request the 'Angel Box'		
	Offer a miscarriage memory box – discuss contents		

	Please send an email to the following: communitymidwife@mkuh.nhs.uk ObstectricUltrasound@mkuh.nhs.uk Obs.Gynae@mkuh.nhs.uk bereavementmidwives@mkuh.nhs.uk annb@mkuh.nhs.uk **with 'notification of pregnancy loss' as subject title.** Please **do not** use the service user's name in compliance with GDPR, but instead **all** of the following: • NHS / Hospital number • EDD • DOB		
	Ensure all births for babies included TOPs are completed in eCARE *Unless it is a live birth, you do not need to 'Add Newborn' and do not need to generate a NHS number Complete eCARE: Ensure pregnancy episode is closed and the service user is discharged to generate a GP letter. Please make sure it is clear the woman has lost her baby		
9.0	**Taking the baby home:** Prior to asking the next question- check the coroner has agreed with the cause of death if a neonatal death		
	Also, if mental health issues-sought advice from mental health professionals to ensure they get support in the community and if it is suitable for them to take the baby home		

	Ask parents' if they want to take their baby home for the day/overnight. If they say yes, please let them take the cuddle cot (blue box). Ensure a 1 litre bottle of sterile water is included (we can get this from theatres) and ensure the guidance leaflet is enclosed (Appendix 9)		
	If they want to take the baby home: Tell the parents 'the purpose of using the cuddle cot is to keep the baby cool, which will help to keep their baby from deteriorating.		
	The baby must **always** leave through the mortuary. Never elsewhere. The mortuary staff need to be contacted on **85828** and will give the family guidance on transporting the baby from the hospital to their home and back to either the hospital or funeral directors of their choice. The hospital will provide a funeral for all babies under 24 weeks unless it's a neonatal death (a live birth must be registered by Law)		
	IF they are taking the baby home, Appendix 9, **MUST** be completed and given to the parents. The parents then take the form to the mortuary back doors to collect their baby. They will not be given their baby unless they have the release form. PLEASE see 3.4 in the guideline for guidance		
10.	When the parents are leaving or before if appropriate– inform them their baby will go to the mortuary		

Third Section (Discharge)		**Signature**	**Date**
	Please give Cabergoline 1mg (one dose only, for milk suppression) unless a contra- indication i.e blood pressure, before discharge, **Unless parents have decided to express and donate their milk**		
11.	If the service user is on the CONI programme, please email cnw-tr.0-19adminhub.mk@nhs.net or the health visiting admin hub 01908 725100		

	When filling out the orange discharge sheet for the community midwife, please attach a purple history sheet		
	Ensure a copy of the orange discharge sheet is left in the notes for the bereavement midwife		
	Ensure that the service user has been offered/given pain relief to take home and any other relevant TTOs		
	All notes to be returned to the bereavement midwife. Please leave in designated place in the sister's office		

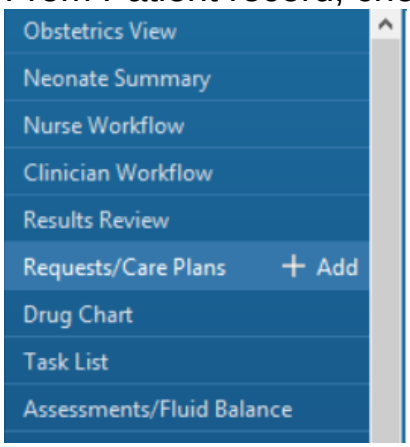
Any other relevant information

- **Sex of baby**
- **EBL**
- **SVD or C/S**
- **Please cross out which is not relevant**
  - **Perineum Intact**
  - **1st degree**
  - **2nd degree**
  - **3rd degree**

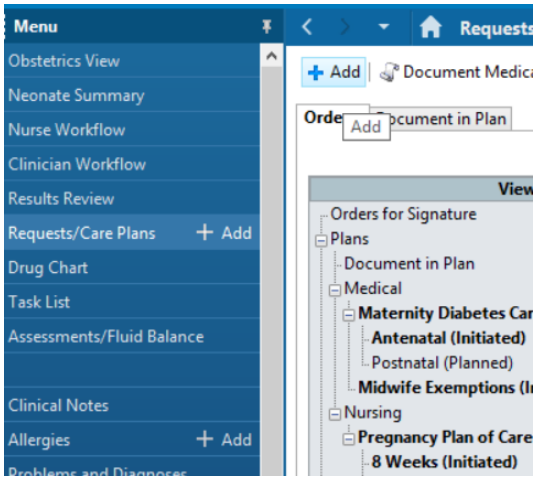
  - **Baby observations – Fresh macerated or very macerated (please circle)**
  - **Weight**
  - **Centile**
  - **Is this a TOP, a miscarriage or a neonatal death (cross out which is not relevant)**

Appendix 4: Ordering Bereavement bundle bloods

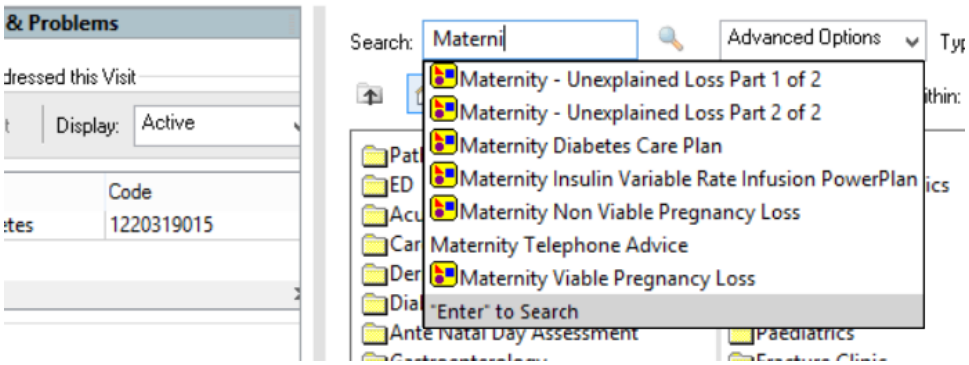
From Patient record, choose Requests/Care plans



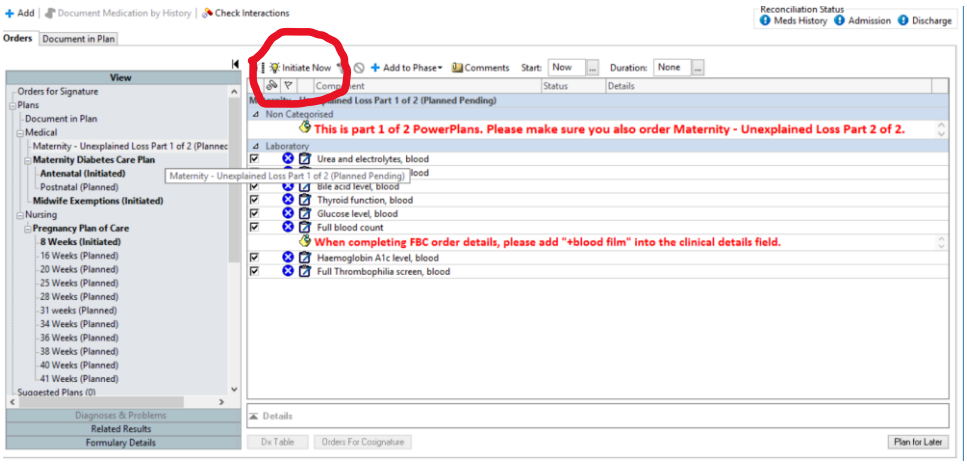
Click on Add



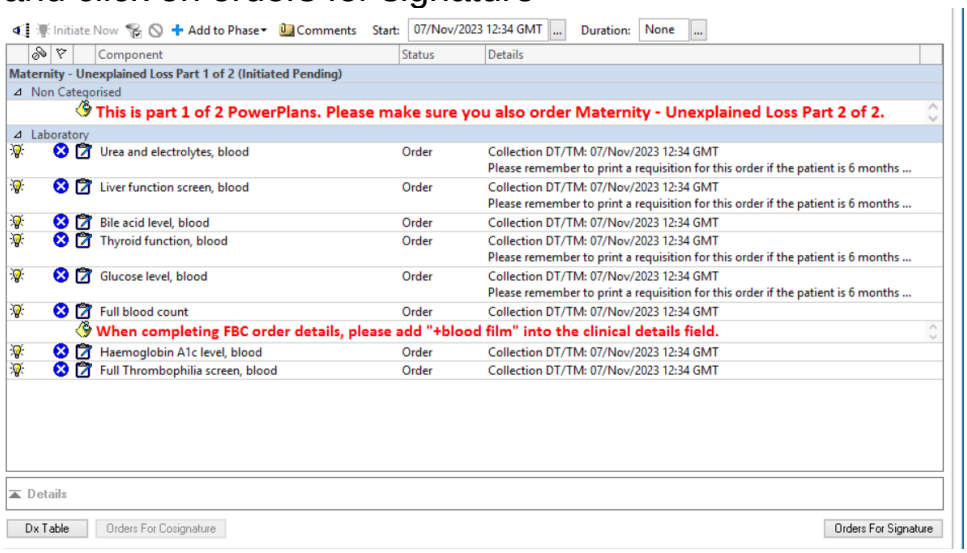
Start typing Materni and choose unexplained loss part 1 of 2



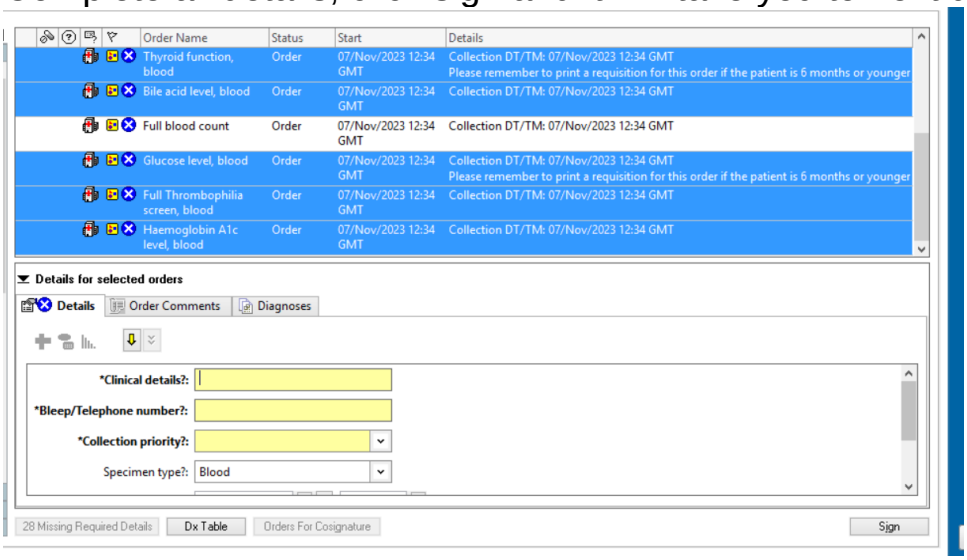
Click Initiate now



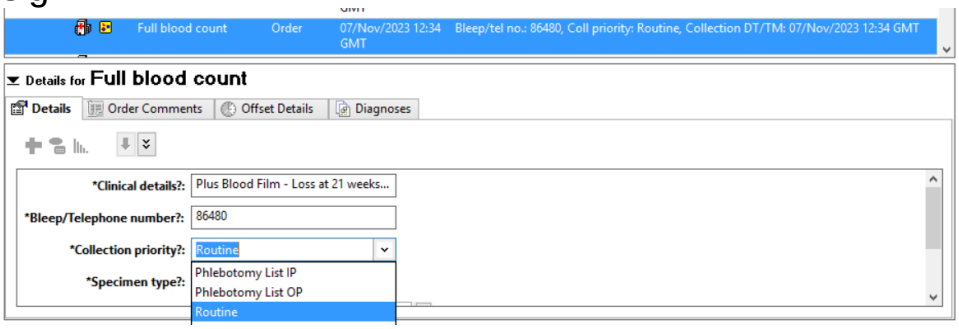
Holding Ctrl down, click on each blood test except FBC to complete universal details for all and click on orders for signature



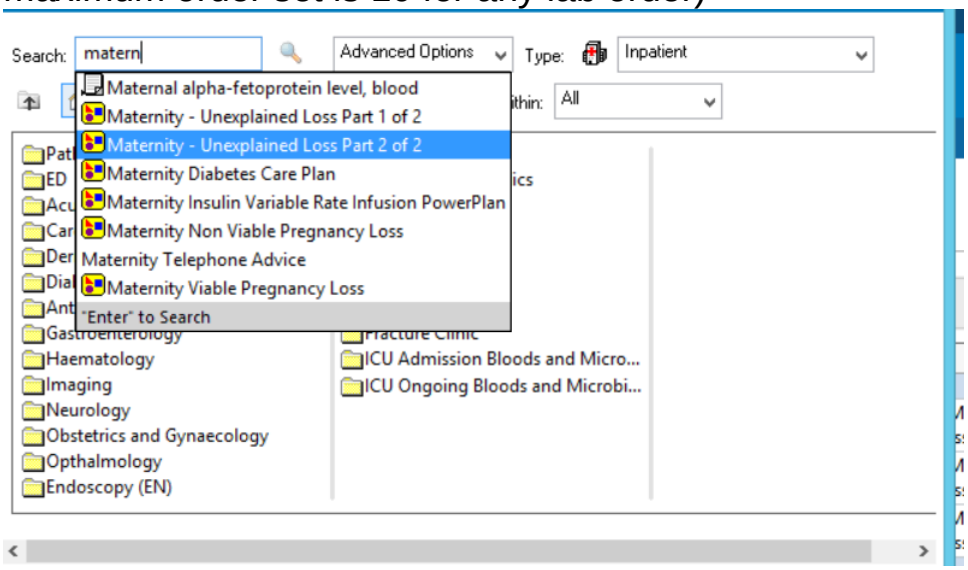
Complete all details, click sign and it will take you to next details required



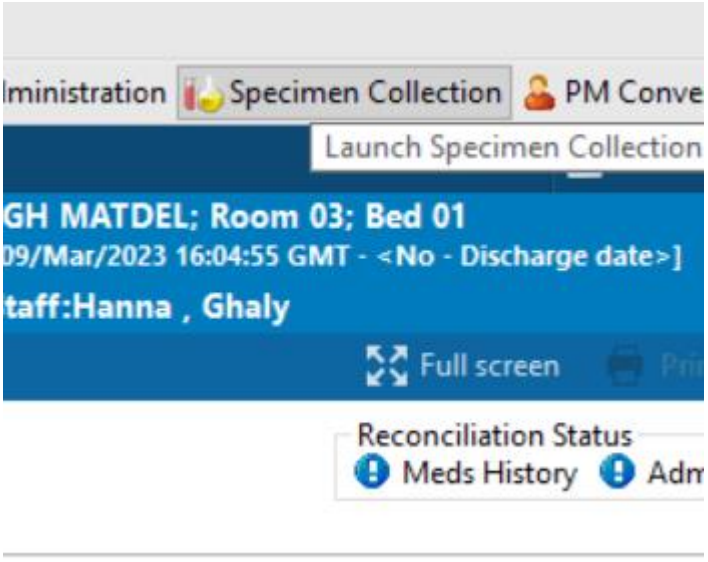
When FBC comes up add Plus blood film to clinical details and continue to complete and sign



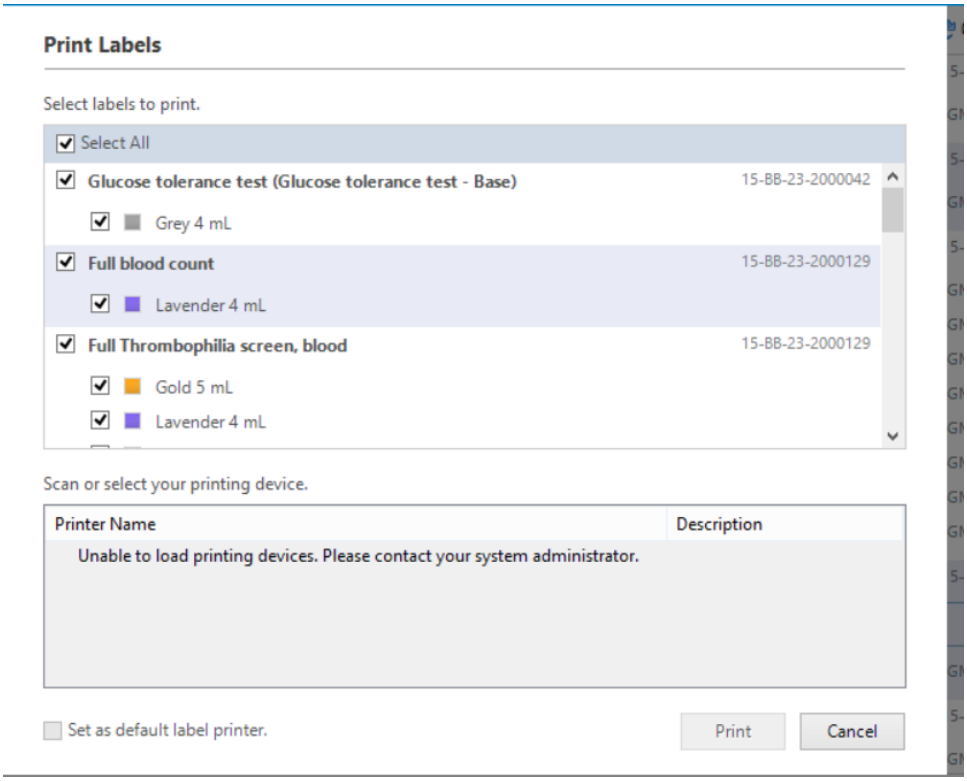
Once all been signed for refresh and go back to add to repeat and add part 2 of 2 (Don't add both at the same time as it will not let you progress after entering all the details as maximum order set is 10 for any lab order)



Repeat CTRL and selection, complete all details and sign as before then go to Specimen collection



Print all labels together to collect correct number of bottles, please not some tests must be in the lab within an hour of ordering or they will be rejected



Appendix 5: Postmortem consent form

Postmortem consent form

Your wishes about the postmortem examination of your baby

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.

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 ……

……

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.

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)

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** ……

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

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
HYPERTENSION Y / N
POLYHYDRAMNIOS Y / N
OLIGOHYDRAMNIOS Y / N
APH Y / N

GROWTH RESTRICTION Y / N
OTHER (DETAILS BELOW) Y / N

SUMMARY OF PRESENT DELIVERY

(SUMMARY OF COMPLICATIONS, DELIVERY ETC):

	DATE	TIME
FETICIDE *(if applicable)*		
MEMBRANE RUPTURE		
1ST STAGE		
2ND STAGE		
DELIVERY		

BABY / FOETUS	
If having a post mortem, give the baby's name: (Same as written on front page). Complete as much as possible	**HOSPITAL NO** *(if applicable)* .....
NAME *(if given)*	
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/ N0 (please circle)
For IUD / S/BIRTH, Neonatal deaths & TOP's

CONTACT DETAILS OF MEMBER OF STAFF COMPLETING THIS FORM	
NAME	**DATE** .....
SIGNATURE	**STATUS** .....
TELEPHONE NO	**BLEEP** .....

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).

Appendix 6: Maternity Bereavement discharge form

Maternity Bereavement discharge form

Please ensure all information is complete before discharge to community midwife.

To be completed by delivering midwife:

Sticker and confirm address:	Telephone numbers: **Partners name:**

Medical centre:
Community Midwife:

Bereavement Care
Postmortem Y or N

Important information:

Date and time of birth	
Parity	
Type of birth	
EBL	
Anti D given	Y or N
Name of baby	
Sex	
Weight	
Gestation	
Centile	

To be completed by hospital discharge midwife:

Date and time of discharge:
No days on discharge:
Discharged by:

To be completed by community midwife:

Date for visit:	No days	Initials	Comments/Reason for visit

Date for visit:	No days	Initials	Comments/Reason for visit

To be completed by community midwife:

Date discharged from community midwife:		Discharged by:	

Appendix 7: NVF Form

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

Appendix 8: Neonatal Death under 24 weeks: Referral to Coroner

If having difficulty sending the coroners referral from the worktop computer, hand write the attached form and scan an email to yourself and then forward to coroners.office@milton-keynes.gov.uk. Please copy tracy.rea@mkuh.nhs.uk so we get a response straight away.

Stillbirth/Neonatal Death Referral to Coroner

Please complete and email to coroners.office@milton-keynes.gov.uk
For Stillbirth and TOP's complete sections 1, 3 and 4
For Neonatal Death complete sections 2, 3 and 4

Name of person referring stillbirth, TOP (Termination of Pregnancy) or neonatal death (please include contact number)	
Date and time referred	

Mother's name and date of birth			
Father's name and date of birth			
Contact number for parents			
Date of neonatal death			
Time of birth			
Hospital no.			
Place of Neonatal(ward)			
Parents home Address			

Section 3:
Please complete for Stillbirth, Termination of Pregnancy and Neonatal Death

Pregnancy History	
Low/High Risk – any underlying condition?	
1st pregnancy?	
Any trauma suffered during pregnancy	
Any concerns during pregnancy	
Any previous admission for reduced fetal movements	
Any fetal abnormalities/concerns noted during pregnancy	

Circumstances Date admitted Reason for admission/attendance Labour induced/natural Time of delivery Condition of baby/placenta including appearance, weight, any obvious abnormalities **IF** neonatal death Apgar scores etc	

Section 4:
Please complete for Stillbirth, Termination of Pregnancy and Neonatal Death

Details of clinician filling out stillbirth/death certificate		
(Cause)	1a	
	1b	
	1c	
	2	

Once complete, please email to coroners.office@milton-keynes.gov.uk and tracy.rea@mkuh.nhs.uk

Once we have discussed with the Coroner we will contact you to let you know that the stillbirth/neonatal death can be registered.

Thank you

Appendix 9: Cuddle cot guide

Cuddle Cot Guide Set Up

1. Place **silver insulation mat under** cooling pad (shiny side up) in moses basket/cot (Ensure the mat hoses are not twisted and fit through the holes in the basket if it has them) **cover with thin sheet**.
2. Plug unit in and place on a **stable surface** allowing space around unit during colling. 3.

Connect Hose to unit and mat.

4. Open **Filler Cap** (blue cap) on top of the unit and put **2x drops** of the biocide into the unit.
5. Fill the unit with **sterile water** for irrigation, **slowly and carefully** fill to near the top of viewing window on side of unit. **Replace Filler Cap**.
6. Switch on unit by pressing on/off button on the top of the unit. The mat will fill. 7.

Watch viewing window and **keep over half full throughout use**.

8. **Press 'c/f'** button on the top of unit to set temperature **(8'C/46'F)** press up/down arrow buttons to do this. Then press **Enter button** to confirm temperature set.

The unit can take up to 45 minutes to reach the temperature set!

1. Switch off unit (press on/off button) **DO NOT** unplug until the fan stops. 2.

Disconnect mat from the hose by pressing **release clips**.

3. Clean mat with **sterile wipes**
4. Disconnect hose from unit by pressing button **under unit** and **gently** pulling hose.

Drain both hose and unit using drainage key. (insert key and press valves to empty water over sink.)

Ensure all equipment i.e unit with filler cap, both cooling mats, foils, Biocide, and drainage key are returned to the box prior to storage.

Flexmort

Appendix 10: 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

Mortuary only

Number Location_____

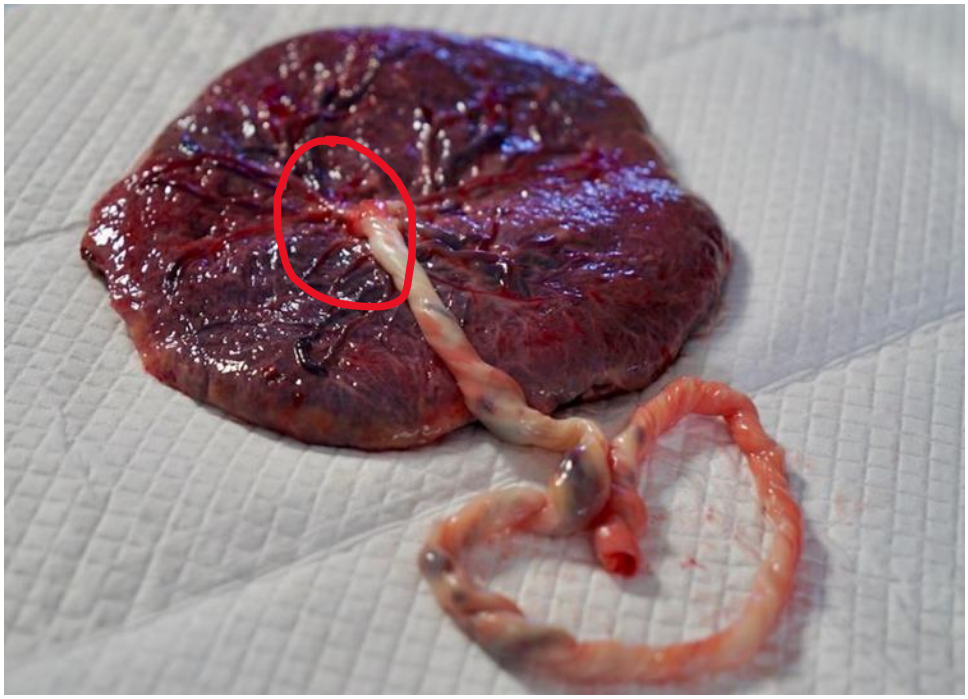
Name of staff member (please print):_____

Signature_____ Date_____

Name of person collecting baby (please print): ----------

Signature_____ Date_____

Appendix 11: How to take cytogenetics



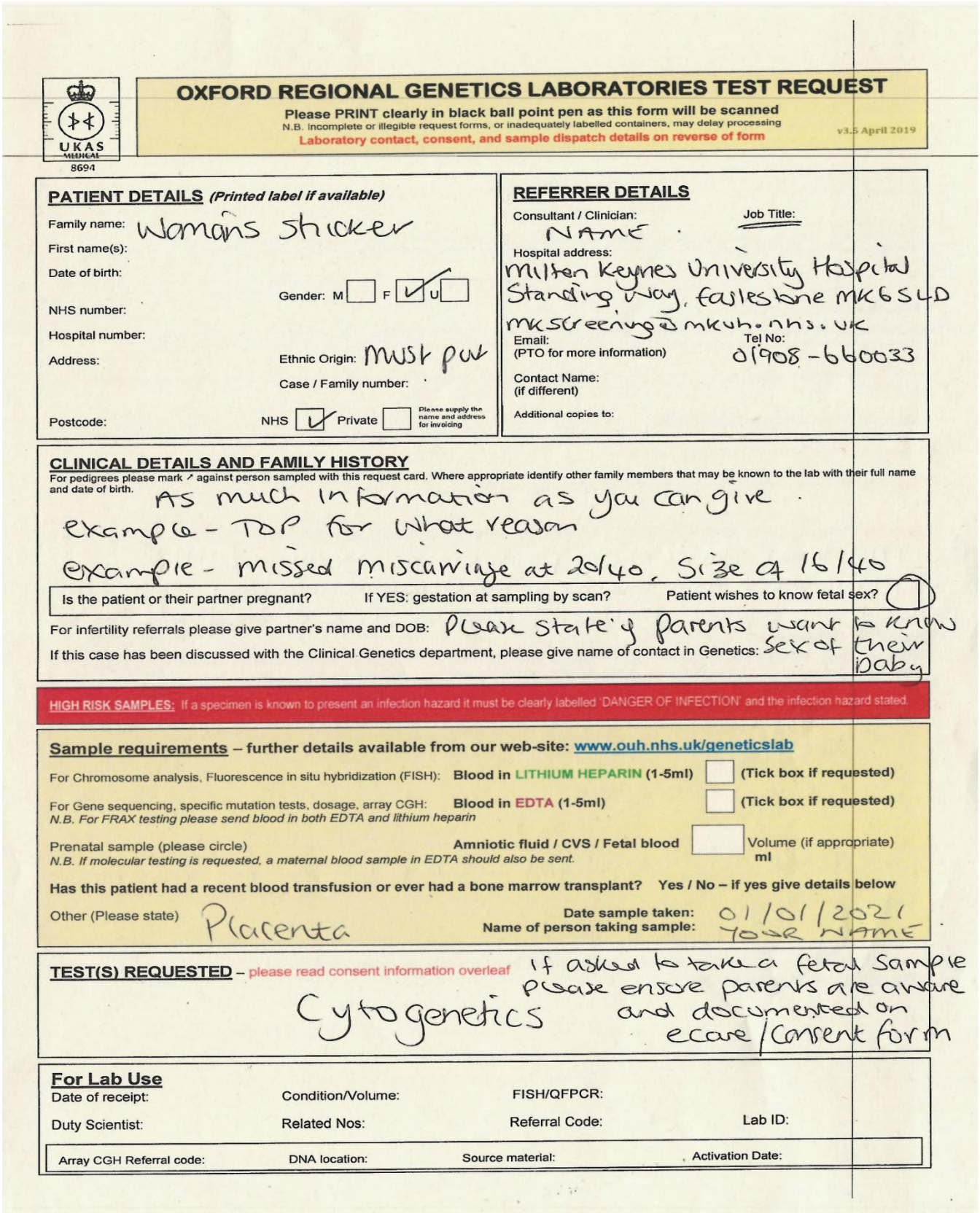
- Cut into the placenta as near to the cord as possible. Take a piece, including maternal (lobes) and fetal (membranes). Take as big a piece as possible to fit into the pink tissue medium.

- 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.

Appendix 11: Cytogenetics form EXAMPLE



OXFORD REGIONAL GENETICS LABORATORIES TEST REQUEST

UKAS MEDICAL 8694

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 put
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, Eaglestone 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:
If this case has been discussed with the Clinical Genetics department, please give name of contact in Genetics:

Please state if parents want to know sex of their baby

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:

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

Appendix 12: 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: Tel No:
(PTO for more information)

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:

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 - request form (ouh.nhs.uk)

Appendix 13: 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

Appendix 14: 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

Appendix 16: Consent to take photographs form

REMEMBRANCE PHOTOGRAPHY

For more information about how we process personal data please see our Privacy Policy at http://www.remembermybaby.org.uk/remember-my-baby-privacy-policy/

CONSENT TO TAKE PHOTOGRAPHS

I/we, as parent(s), have requested Remember My Baby (RMB), a registered charity, to provide me/us with a photographic keepsake of my/our child.

I/we understand this is a gift, and will accept it as such. I/we agree to the Volunteer Photographer named below taking photographs.

I/we understand that the hospital is not affiliated with either the Volunteer Photographer or with RMB.

I/we understand the Volunteer Photographer grants permission for personal usage of the digital images. (Personal usage means any use that is personal and not for profit.)

SESSION DATE: _____ HOSPITAL/HOSPICE/OTHER STAFF MEMBER: _____

HOSPITAL/HOSPICE FULL NAME: _____

BABY'S NAME(S): _____ DOB: _____

PARENT NAME:1) Birth Mother: _____ DOB: _____

PARENT NAME:2) Partner/Spouse: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SIGNATURES INDICATING CONSENT

1) _____ Date: _____

2) _____ Date: _____

ADDITIONAL CONSENT FOR USE OF IMAGES

I/we permit the images of my/our child to be used by RMB for raising awareness of RMB's service, education and training of other RMB photographers and health care professionals only. No other use is permitted.

LIMITED IMAGE USE CONSENT: please sign here _____

I/we permit the images of my/our child to be used by RMB to promote RMB's service online (eg website, Facebook, twitter, etc.), on displays (eg photo trade shows and NHS study days/conferences), and on other printed materials.

FULL IMAGE USE CONSENT: please sign here _____

I/we do NOT permit the images of my/our child to be used by RMB.

NO CONSENT FOR IMAGE USE: please sign here _____

Your RMB Photographer's Details

NAME: .....

PHONE: .....

EMAIL: .....

SIGNATURE: .....

FREEPHONE 0808 189 2345 email: info@remembermybaby.org.uk Website: www.remembermybaby.org.uk

Registered Office: Remember My Baby, 16 Quarn Drive, Derby DE22 2NQ
Registered Charity No. 1159657 (England & Wales) SC045442 (Scotland)
© Remember My Baby 2019

RMB_09_CONSENT_FORM 2019

Appendix 17: Example PM consent form

Appendix 4: Postmortem consent form

Sands and the Human Tissue Authority (2013) Post mortem consent form: your wishes about the post mortem examination of your baby incorporating Sands and the Human Tissue Authority (2013) Optional section on retaining organs for the Sands Post mortem consent form.

Postmortem consent form

Your wishes about the postmortem examination of your baby

Milton Keynes University Hospital NHS Foundation Trust

complete every box

Your wishes about the postmortem examination of your baby

Mother	Baby
Last name	Last name X
First name(s) STICKER	First name(s) X
Address	Date of birth X
	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.: Please get a current phone number

Other, eg, religion, language, interpreter ..... fill out .....

.....

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] ..MATERNITY..... [tel.] 01908996478|80

Before [time] ...08:00..... on [day] ..following [date] .....01/01/61...

If they deliver late, they should have at least 24 hrs to change their mind

Please be assured that your baby will always be treated with care and respect.

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.

YES **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 ...at 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.

NO

Please indicate what can be examined:

NO **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.

NO **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.

YES **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 ...If they say no in section 2, do they want the blocks and slides to stay in Oxford or returned with their baby or disposed of

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.

Yes **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.*

Yes **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.

Yes **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.

Yes **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.

Yes **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.

They can say no

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.

Yes **I/We agree to further detailed examination of the organ(s) specified below:**

Yes **Any organ**

☐ **The following organ(s)** Unless we know the most likely cause we should encourage any organ

If you agree to further detailed examination, you also need to decide what should be done with the organ(s) after the examination:

No **I/We want the hospital to dispose of the organ(s) respectfully as required by law.**

NC **I/We want the organ(s) returned to the funeral director we appoint for separate cremation or burial.**

Yes **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:

No **I/We agree to donate the organ(s) to be used to train health professionals.**

NC **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)

Section 6: Parental consent

Yes I/We have been offered written information about postmortems. → Parents should be offered this prior to discussion.
Yes I/We understand the possible benefits of a postmortem.
Yes My/Our questions about postmortems have been answered. → Don't always find a cause 50/50.

Mother's name ..... **Signature** .....

Father's/Partner's name ..... **Signature** .....

Date ..... **Time** .....

If the partner isn't available, you can take consent from the mother

Section 7: Consent taker's statements *To be completed and signed in front of the parents.*

Yes I have read the written information offered to the parents.

Yes 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.

Yes I have recorded any variations, exceptions and special concerns.

Yes I have checked the form and made sure that there is no missing or conflicting information.

Yes 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 Maternity ..... **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.

If using an interpreter

Name ..... **Contact details** .....

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

This form has to be completed

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 Sticker
D.O.B
* LMP Important
EDD Important.

ADDRESS Part of sticker.
CONSULTANT
WARD maternity
HOSPITAL Milton Keynes.

SPECIMEN / REQUEST

IS THE REQUEST FOR EXAMINATION OF:
- [x] A STILLBORN / FOETAL DEATH?
- [ ] A NEONATAL / INFANT DEATH?
- [ ] THE PLACENTA ONLY?
- [ ] OTHER: .....

DATE: .....

RELEVANT CLINICAL DETAILS AND HISTORY

Anything to note.
i.e Abruption etc.

PAST OBSTETRIC HISTORY

YEAR	PLACE	SEX	WEIGHT	GESTATION	DELIVERY	COMPLICATIONS	OUTCOME

Must do

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):

fill in as much as possible

	DATE	TIME
FETICIDE *(if applicable)*		
MEMBRANE RUPTURE		
1ST STAGE		
2ND STAGE		
DELIVERY		

BABY / FOETUS

NAME *(if given)* ~~&~~ Must put
GENDER *(if known)* If known
DOB Important
WEIGHT AT DELIVERY Important
GESTATION AND/OR AGE Important

HOSPITAL NO *(if applicable)*
PAEDIATRICIAN *(if applicable)*
ESTIMATED DATE OF DEATH
ESTIMATED TIME OF DEATH
FATHER'S NAME *(if different)*

APPEARANCE

BABY / FOETUS / PLACENTA
- ☐ FRESH
- ☑ MACERATED
- ☐ VERY MACERATED

PROVISIONAL DIAGNOSES

What is written on the scan report?

QUESTIONS FOR THE PATHOLOGIST

PLEASE INCLUDE:

COPIES OF THE ULTRASOUND SCAN REPORTS	✓
COPIES OF ALL GENETICS RESULTS	
THE PLACENTA	✓
POST MORTEM CONSENT FORM	✓

Must include

ABNORMALITIES / ANOMALIES

PLEASE GIVE DETAILS OF ANY ABNORMALITIES (and/or attach copies of the prenatal diagnosis scan / genetics reports)

If you note an abnormality - check with an obstetrician or paediatrican and then document

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 This all needs filling in
SIGNATURE
TELEPHONE NO
DATE
STATUS
BLEEP

Appendix 18: Link to government website for pregnancy loss certificate

If you have had a pregnancy loss **under 24 weeks** you may wish to request a "baby loss certificate" from the government website. Currently registering losses from 1st September 2018.
Scan the QR code below for more information.

Appendix 19: Disposal form