

## Stillbirth, Termination of Pregnancy, and Neonatal Death after 24/40 Gestation (Care for):

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## 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 stillbirth, termination of pregnancy or a neonatal death over 24/40 gestation.

This document provides information for healthcare professionals caring for service users who have had a Stillbirth, Termination of Pregnancy (TOP) or Neonatal Death (NND) after 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 to the highest standards, using evidence based guidance.

- Roles and responsibilities of health care professionals
- How to ensure a consistent approach in caring for the patients following a Stillbirth/TOP/NND after 24/40 weeks gestation
- An individual care plan will be formulated following discussion between the service user and Senior Doctor. This will be recorded on Ecare. Commence Checklist (see Appendix 2).
- An individual care plan will be formulated following discussion between the woman and Senior Doctor. This will be recorded within the case notes. Checklist for Termination of Pregnancy, Stillbirth and Neonatal death after 24 weeks gestation
- If an admission to labour ward is required, arrangement of a date and time should be made following agreement with the service user
- Guidance on: - If a TOP is being carried out and it is considered that there is a risk of the baby being born alive, then the Obstetrician must agree with the Paediatrician in advance what interventions will be offered to the baby. This must be documented in the notes. The use of Feticide should be considered
- Guidance on: - If TOP, you need to check prior to the procedure, that two Doctors have completed HSA4-form part 1. 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, section 1(d))
- After TOP, the doctor carrying out the procedure must complete HSA4-form part 2

## Executive Summary

- All stillbirths, Termination of Pregnancy and Neonatal deaths over 24 weeks gestation **MUST** all be referred to the coroner (See checklist - Appendix 2)
  - The document applies to all clinical areas that manage service users who have a loss over 24 weeks gestation

## Definitions:

ANNB – Antenatal and Newborn  
 ANNBS – Antenatal Newborn Screening  
 APH – Antepartum Haemorrhage  
 ARC – Antenatal Results and Choices  
 CD – Controlled Drug  
 CGH – Comparative Genomic Hybridization  
 CMW – Community Midwife  
 CONI – Care of the Next Infant  
 CSU – Clinical Service Unit  
 CVS – Chorionic Villus Sampling  
 DIC – Disseminated Intravascular Coagulation  
 DOB – Date of Birth  
 DNA – Deoxyribonucleic Acid  
 EBL – Estimated Blood Loss

ED – Emergency Department  
EDD – Estimated Due Date  
EDTA – Ethylenediaminetetraacetic Acid  
EqIA – Equality Impact Assessment  
FBC – Full Blood Count  
FIGO – The International Federation of Gynecology and Obstetrics  
FISH – Fluorescence in situ hybridization  
FRAX – Fracture Risk Assessment Tool  
GMC – General Medical Council  
GP – General Practitioner  
HSA – Abortion Notification Abortion Act 1967 Form of Notification for Pregnancies Terminated in England Wales  
IOL – Induction of Labour  
IU – Intrauterine  
IUD – Intrauterine device  
JRH – John Radcliffe Hospital  
LMP – Last Menstrual Period  
MAG – Maternity Assurance Group  
MBRRACE – Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries  
MDT – Multidisciplinary Team  
MEWS – Modified Early Warning Score  
MNSI – Maternity and Neonatal Safety Investigation  
NND – Neonatal Death  
PCA – Patient Control Analgesia  
PET – Preeclampsia  
PM – Post Mortem  
PMRT – Perinatal Mortality Review Tool  
RCOG – Royal College of Obstetricians & Gynaecologists  
RMB – Remember my baby  
RNA – Ribonucleic Acid  
SNP – Single Nucleotide Polymorphism  
TOP – Termination of Pregnancy  
TTO – To Take Out  
USS – Ultrasound Scan

## Key messages

- **Please check EDD.** If diagnosed before 24 weeks but delivered after 24 weeks, **this is not a stillbirth. It is a miscarriage.**
- **Ensure** the families are given the Bereavement Midwife's contact details so that she can offer support the family. Please make sure you document the service user's contact number on the checklist.
  - 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 2, section number 10.
- Ensure service users are admitted if IUD diagnosed with severe PET as they are at risk of Eclampsia and associated morbidity and mortality
- Fetal demise at any gestation: Anti D - 1500 IU must be administered at diagnosis and repeated following the birth.

## 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 understanding and consent. At all times, parents should be informed of what is happening. If there is any doubt of a language barrier then an interpreter should be involved in their care.

### 1.1 Obstetricians

- Introduce themselves
- Breaking bad news
- Scan for confirmation of death and/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
- Gain consent for Post Mortem (PM) (See Appendix 5)
- Give moral support
- Ensure that a management plan is organised and written on page 4 in the birth record
- Be available for questions
- Provide input as necessary
- Provide ongoing care as required
- All stillbirths, Termination of Pregnancy and Neonatal deaths over 24 weeks gestation must all be referred to the coroner (See checklist - Appendix 2)

### 1.2 Paediatricians

- Paediatrics may need to provide attendance at birth – see appendix 1

### 1.3 Midwives

- Introduce themselves
- Give one to one care
- ~~Obtaining~~**Obtain** and administer correct prescribed medication
- Participant in the management plan recommended by Obstetrician
- Provide emotional support
- Be an advocate for the family
- Follow policy, procedures and guidelines

- Complete the checklist
- Give informed choice
- Continuity of care if possible
- Inform the Chaplain and Bereavement Midwife
- Deliver baby
- Ensure that the checklist (appendix 2) is completed in full. This is part of your record keeping
- Discuss and gain consent for post mortem if competent
- 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 2, section number 10.
- **Car parking:** Please validate the service users carparking ticket kept in the Sister's office

#### 1.4 Antenatal and Newborn Screening Midwives (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 consent gained if accepted
- Explain possibility of the risk of a live birth and its implications. For all TOP's with a gestational age more than 21 weeks and 6 days, 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 the Bereavement Midwife

##### **Feticide**

Feticide is not administered at MKUH so Antenatal and Newborn Screening Co-ordinator will arrange for referral to Oxford John Radcliffe our local, Tertiary Referral Centre.

#### 1.5 Bereavement Midwife

- Be available to staff for support, help and advice
- Ensure that 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
- Discuss their wishes and offer support, this could be from the induction period to their options regarding funeral arrangements
- Discuss and gain consent for postmortem
- Discuss and give options for funeral arrangements
- Give contact details of bereavement midwives so that anyone can contact the Bereavement Midwife, whatever their circumstances
- Keep in touch with the family and be available to support their wishes. i.e. go to their home if requested
- Keep the service users notes and ensure that they are filed correctly, that the most current blood results are included and the postmortem report if indicated.
- Once all results/reports are available the Bereavement Midwife to make a consultant appointment roughly within 10-14 weeks post birth for the family to come and discuss what happened and for the Consultant to answer any questions posed to them. Future pregnancies are normally discussed.
- Family advised to contact the Bereavement Midwife if they need any further advice or support
- Service user to contact the Bereavement Midwife in future pregnancies to ensure early antenatal/Consultant care

## 1.6 Chaplaincy and spiritual care

The Chaplain can:

- Offer a 24 hour service of blessing for the baby
- Give emotional and spiritual support to parents and wider family as appropriate regardless of their faith tradition
- 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

## 2.0 Implementation and dissemination of document

This guideline is available on the internet and has followed the guideline review process prior to publication

## 3.0 Processes and procedures

### 3.1 Psychological support

There are steps that staff can undertake to help parents during their stay. These include:

- 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 all right to take time and that they can change their minds
- Whenever possible talk to parents together
- Check EDD, if it is known that the baby has died before 24 weeks but delivered after 24 weeks, this is not a stillbirth. It is classed as a miscarriage. This evidence must be clearly detailed in the mother's notes. i.e. Scan report (RCOG, 2005)
- 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 with a lock (key kept in the CD cupboard) is in the baby room on labour ward which can be used. If the baby is born out of hours or if the parents indicate that they would like to see their baby again, this would prevent the baby having to go back and forth to the mortuary
- Please refer to appendix 14 - discuss photographs. If they are reluctant to have any please emphasise that some people do change their minds and it may be useful to keep a copy in their notes for them if their change their mind. This photograph is for them and not for medical records.
- 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.



### 3.2 Care on labour ward

#### Confirmation of fetal death

Diagnosis of intrauterine death in service users presenting to Antenatal Day Assessment Unit or Labour Ward should be confirmed by ultrasound scan. Registrars may request a consultant to confirm the diagnosis or may arrange a departmental scan, depending on individual circumstances.

#### Expectant management

- “If the service user is physically well, her membranes are intact and there is no evidence of pre-eclampsia, infection or bleeding, the risk of expectant management for 48 hours is low.” (RCOG, 2010, p.12)
- “Service users should be strongly advised to take immediate steps towards delivery if there is sepsis, preeclampsia, placental abruption or membrane rupture, but a more flexible approach can be discussed if these factors are not present.”
- Service users with intact membranes and no laboratory evidence of DIC should be advised that they are unlikely to come to physical harm if they delay labour for a short period, but they may develop severe medical complications and suffer greater anxiety with prolonged intervals. Service users who delay labour for periods longer than 48 hours should be advised to have testing for DIC twice weekly (Table 1).” (RCOG, 2010, p.12)

#### Mifepristone

Mifepristone, an antiprogestogenic steroid, sensitises the myometrium to prostaglandin-induced contractions and ripens the cervix (NICE, BNF: 2023)

If induction of labour is required, the medication of choice is: -

	Stillbirth 24+27+6 Weeks	Stillbirth More than 28 Weeks	
	Unscarred + Scarred uterus	Unscarred Uterus	Scarred Uterus
<b>Preinduction</b>	Mifepristone 200mg once only		
Normal interval between mifepristone and misoprostol in 24 - 48hr, this can be shortened if clinically needed			
<b>Induction</b>	Misoprostol 100mcg 6hrly, for 4 doses PV or PO	Misoprostol 50mcg 4hrly, (1 <sup>st</sup> dose PV) and then 4 doses PV or PO	Consider halving dose of Misoprostol: 25mcg 4hrly, (1 <sup>st</sup> 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.			

**Over 28 weeks:**

- The dose of misoprostol can be reduced to 25 micrograms, however in service users with only one previous caesarean, the risk of rupture is like the background rate, therefore a dose of 50 microgram is acceptable
- In the presence of a scarred uterus, a second dose of **Mifepristone** can be given 24 hours after the last dose
- Mechanical methods with a balloon are not recommended due to the higher chance of ascending infection, however in the presence of >2 Caesareans, it can be considered

## [Late Intrauterine Fetal Death and Stillbirth \(Green-top Guideline No. 55\) | RCOG](#)

Maternal observations Temperature and Blood Pressure, prior to each dose. This should be clearly documented. When the 1<sup>st</sup> dose of misoprostol has been given, start the partogram

If labour does not establish within 24 hours, the Consultant should review the management plan

### **If induction of labour fails**

- A second round of misoprostol can be considered after 24 hours “rest period”
- **Gemeprost** 1mg pessary inserted into the posterior fornix 3 hourly for a maximum of 5 doses or until labour establishes
- If a second course is required it may begin 24 hours after start of treatment, usually the following morning
- If two courses are unsuccessful then further treatment must be discussed with the Consultant in charge of the case

**NB: In the presence of a uterine scar and in grand multiples (Para 4 or above) the dose of Gemeprost 1mg should only be administered every 4 hours.**

- Gemeprost takes approximately 30 minutes to defrost
- Once prescribed by an Obstetrician a Midwife may insert the first and subsequent doses
- If syntocinon is required refer to Induction of Labour (IOL) guidelines

### **Care in labour**

- Service users will be cared for on Labour Ward following the diagnosis
- A light diet may be taken until the onset of regular contractions then fluids only. **Omeprazole 20mg BD**. A choice of analgesia should be discussed, this may include opiate analgesia, Intramuscular or via a PCA (Patient Control Analgesia) or an epidural
- A partogram should be commenced for any service user over 24 weeks gestation once misoprostol has been given, to observe contractions and maternal wellbeing
- The same standard of care should be provided to all service users, regardless of the outcome of pregnancy

## **MEDICAL PRESENCE when a live birth**

If it is expected that the baby could be born alive, a Paediatrician must attend the birth.

If a termination of pregnancy or a known abnormality where the baby is not compatible with life, a paediatrician or **ideally** an obstetrician **MUST** attend as the baby needs to be seen alive and dead to be able to issue a certificate (form 4). They have to have a **GMC** number (Births and Deaths Registration Act 1953, Section 11).

**The paediatrician team will not resuscitate if it is a TOP**

### **Post birth**

- Ensure parents have privacy and opportunity to bathe, dress and cuddle their baby if they wish. Family visiting should be as per parent's wishes
- Arrangements should be made to see the Bereavement Midwife to offer support and discuss any questions they may have.
- Send placenta in a dry pot to the laboratory, ensuring that labels are on the pot, not the lid.
- PM booklet must be completed if baby is having a postmortem. Ensure that the booklet goes with the baby to the mortuary and that two copies are taken out. One to be given to the parents and the other copy is kept in the maternal note
- If abnormalities are indicated prior to birth, send all relevant paperwork with baby to the Mortuary i.e. scan report attached the post-mortem consent form. This will help Oxford when a post mortem is being performed
- Post-mortem declaration (consent) signed (See Appendix 5) · White disposal form (always sent)
- Any baby with congenital abnormality or dysmorphic features must have a biopsy taken from placental cord insertion, send in pink transport medium (kept in freezer on ward nine) with a white Churchill Hospital cytogenetics request form (Kept in the filing cabinet in the baby room) and send to Histopathology

## **4.0 Viewing the baby**

- Ideally if parents indicate that they will want to see their baby before leaving labour ward, keep the baby in the fridge, in the baby room on labour ward.
- 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 then the

support team and 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. Out of hours, week days is till 20.00

#### 4.1 Taking their baby home

Check the coroner has agreed with the cause of death before asking the parents if they wish to take their baby home. The coroner may overrule the parental decision to decline a postmortem.

Also, if mental health issues- seek 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 Cuddle Cot Guide (Appendix 7) is enclosed

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 them a release form and guidance on transporting the baby from the hospital to their home and back to either the hospital or funeral directors of their choice.

'IF they are taking the baby home, Appendix 8: Release Form 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.

#### 5.0 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.

#### 5.1 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. These reports are published annually.

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.

## 5.2 MNSI (Maternity and Neonatal Safety Investigation)

All NHS Trusts in England are required to tell MNSI (Maternity and Neonatal Safety Investigation) about certain patient safety incidents that happen in maternity care. This is so they can carry out an independent investigation, share findings and make safety recommendations where relevant to improve maternity services. The investigations are part of a national strategy to improve maternity safety. Throughout the investigation they work closely with the families, NHS Trusts and the staff involved.

The patient safety incidents that are referred to them are babies born following labour after 37 weeks where the outcome is:

- Baby dies during labour and before birth (intrapartum stillbirth)
- Baby born alive and dies in the first week (0-6 days) of life (early neonatal death)
- Baby born with a potential severe brain injury diagnosed as occurring in the first 7 days of life

They also investigate when mothers die whilst pregnant or within 42 days of the end of their pregnancy. There are some occasions where they do not investigate.

Investigations take around 6 months to complete

## 6.0 Statement of evidence/references

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(Green-top Guideline No. 55). [Online]. Available from: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg55/>

[Accessed 13 February 2024]

Please note that a second edition of this guideline is currently in development.

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<https://www.rcog.org.uk/guidance/browse-all-guidance/other-guidelines-and-reports/termination-of-pregnancy-for-fetal-abnormality-in-england-scotland-and-wales/>

[Accessed 13 February 2024]

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<https://www.sands.org.uk/professionals/sands-post-mortem-consent-package>)

Smith LK, et al (2020) Parents' experiences of care following the loss of a baby at the margins between miscarriage, stillbirth and neonatal death: a UK qualitative study, *BJOG: An International Journal of Obstetrics and Gynaecology*, Volume 127, Issue 7, June 2020, Pages 868-874 [Online]. Available from: <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.16113>  
[Accessed 14 February 2024]

Thames Valley & Wessex Neonatal Operational Delivery Network (2021) Guideline for management at the extremes of prematurity. Version 2. [Online]. Available from:  
<https://neonatalnetworkssoutheast.nhs.uk/wp-content/uploads/2023/10/TVW-Extremes-of-prematurity-guideline-V2-ratified-Jan-2021.pdf> [Accessed 13 February 2024]  
Please note that this guideline was due to be reviewed in January 2024.

Tsakiridis I, et al (2022) Investigation and management of stillbirth: a descriptive review of major guidelines, *Journal of Perinatal Medicine*; 50(6): 796–813 [Online]. Available from:  
<https://www.degruyter.com/document/doi/10.1515/jpm-2021-0403/html>  
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Wojcieszek AM, et al (2018) Care prior to and during subsequent pregnancies following stillbirth for improving outcomes, *Cochrane Database of Systematic Reviews*, Issue 12. Art. No: CD012203. [Online]. Available from:  
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012203.pub2/full>  
[Accessed 13 February 2024]

## 6.1 Legislation

Note re: links to legislation.gov.uk website. Versions may be revised, annotated or original as enacted. A 'List of all changes' made by subsequent legislation affecting the statute or statutory instrument may be viewed by opening the statute or statutory instrument on the legislation.gov.uk website and clicking the 'More Resources' tab.

*Abortion Act 1967* (c.87). [Online]. Available from: <https://www.legislation.gov.uk/ukpga/1967/87/contents>  
[Accessed 13 February 2024]

*Births and Deaths Registration Act 1953* (c.20). [Online]. Available from:  
<https://www.legislation.gov.uk/ukpga/Eliz2/1-2/20> [Accessed 13 February 2024]

*Human Tissue Act 2004*. (c.30). [Online]. Available from:  
<https://www.legislation.gov.uk/ukpga/2004/30> [Accessed 13 February 2024]

<b>Databases searched:</b> (Search history)	NICE, Cochrane Database of Systematic Reviews, BMJ Open Quality, NHS England, MAG Online, ClinicalKey, Medline, Google Scholar.
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## 7.0 Governance

### 7.1 Document review history

Version number	Review date	Reviewed by	Changes made
14	08/2017		Reviewed and updated
14.1	04/2020		Addition of Appendix 5. Already used, but not attached to the Guideline
15	03/2021	Tracy Rea	Complete review
15.1	09/2021	Tracy Rea	Minor amendments made in line with national recommendations.
15.2	16/11/2021	Anja Johansen-Bibby	Pg 8. Dosages for IOL changed in line with RCOG, NICE guidance, and FIGO from 2017.
15.3	12/2021	Tracy Rea	Addition of appendix 7: Release form
15.4	Oct 2022	Tracy Rea	Additions to checklist
15.5	Sep 2023	Tracy Rea	Additions to checklist and appendix
15.6	Nov 2023	Tracy Rea	Addition of section 5, PRMT and MBRRACE and MNSI tools Audit criteria updated
15.7	Jan 2024	Tracy Rea Elaine Gilbert ANNB midwives Natalie Lucas	Added more details around emailing to notify CMWs /ANNB team of pregnancy loss.
15.8	Jan 2024	Elaine Gilbert Tracy Rea Lucy Simms	Change to bereavement midwives joint inbox. Clarity to ensure that paper work accompanies
16.0	March 2024	Tracy Tea Lucy Simms Ghally Hanna Jayne Plant Matthew Duncan	Total review and update. References and literature reviewed and updated.

## 7.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Matrons, Midwives and Obstetric Staff, Consultants		17.8.17		Yes	Yes
Maternity guideline group	Service users and children	02/2021		Yes	Yes
Maternity CIG	Service users and children	03/2021		No	
Jayne Plant	Library references	02/2021		Yes	Yes
Maternity Guideline group	Service users and Children	09/2023		No	Yes
Maternity Guideline group	Maternity	12/2023		Chairman's action Version 15.6 approved	Yes
Screening in pregnancy MDT meeting	Service users's 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 15.6 discussed, amended to create version 15.7 (see review history)  Yes.
Maternity Guideline Review Group	Service users's Health guideline group	03/01/2024	-	Version 15.7 approved as chairman's action in Service users's Health Guideline Review Group.	Yes
Sent to maternity and neonatal staff	Women and children's Health	16/02/2024	26/02/2024	General comments on gendered wording, grammar and structure.	Yes
Women's Health Guideline Review Group	Women's Health	06.03.2024	-	Version 16.0 approved	Yes

### 7.3 Audit and monitoring

How will compliance of this Guideline be evidenced?

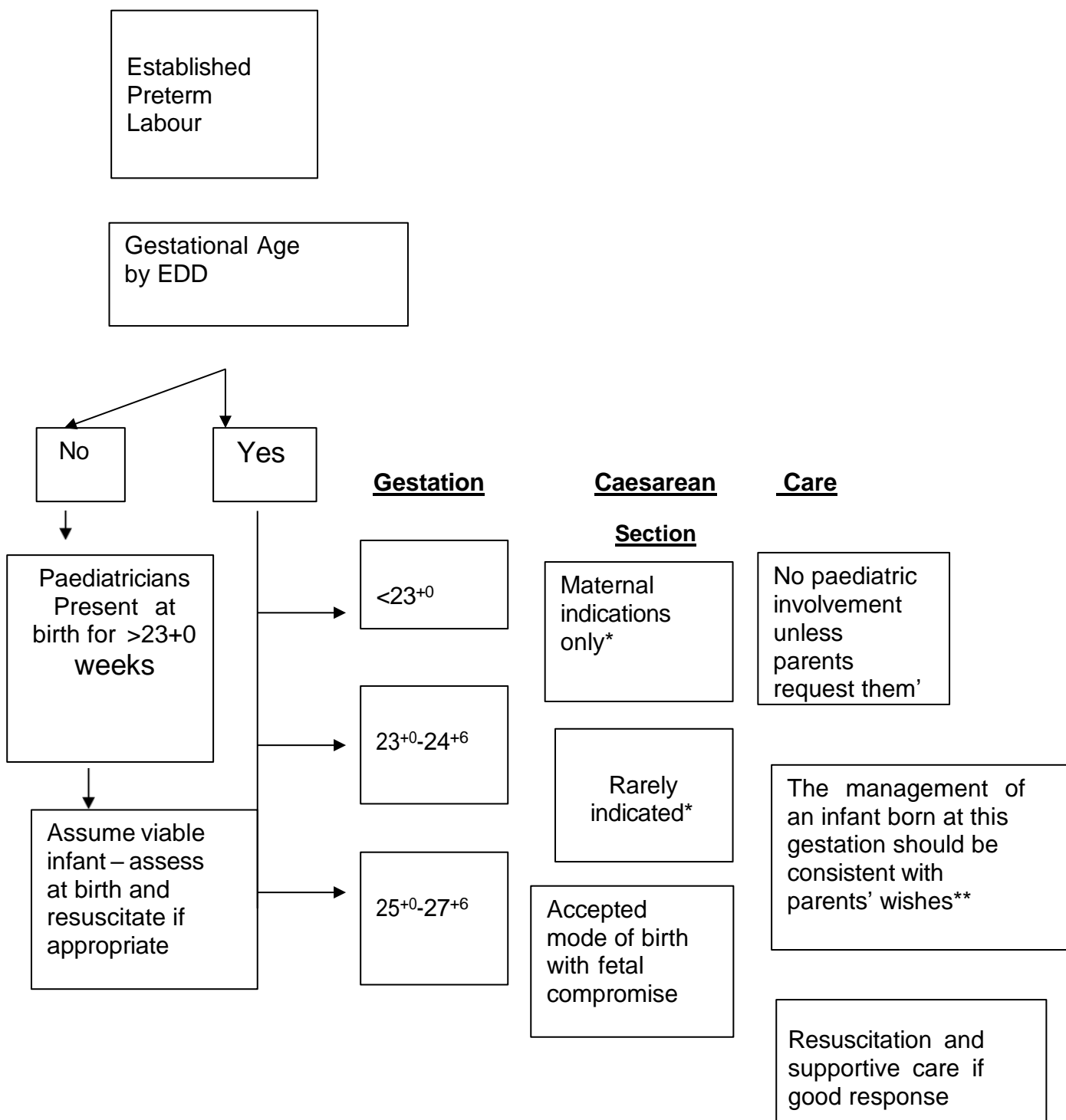
Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Audit in line with the Maternity Incentive Scheme (MIS) Safety Action 1 <ul style="list-style-type: none"> <li>• All eligible perinatal deaths should be notified to MBRRACE-UK within seven working days</li> <li>• Parents should have their perspectives of care and any questions</li> <li>• 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.</li> </ul>	PMRT/Board report	Service users's Health Governance and Quality Improvement Lead/ Obstetric Bereavement Lead/ Bereavement Midwife	Case by Case	Service users's Health CSU Maternity Assurance Group (MAG)

## 7.4 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			
<b>Division</b>	Service users and Children	<b>Department</b>	Maternity
<b>Person completing the EqIA</b>	Tracy Rea	<b>Contact No.</b>	Ex. 87157
<b>Others involved:</b>		<b>Date of assessment:</b>	03/02/21
<b>Existing policy/service</b>	Yes	<b>New policy/service</b>	No
<b>Will patients, carers, the public or staff be affected by the policy/service?</b>		Yes	
<b>If staff, how many/which groups will be effected?</b>		Midwives	
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		
<b>What consultation method(s) have you carried out?</b>		Emails	
<b>How are the changes/amendments to the policies/services communicated?</b>		email	
<b>Review date of EqIA</b>		03/02/2024	

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



At 25 weeks, following discussion with the parents regarding their wishes for active intervention, continuous monitoring is usually offered after 26 weeks, in labour aiming for vaginal delivery, but resorting to emergency Caesarean section for an abnormal CTG if time allows." (Thames Valley & Wessex Neonatal Operational Delivery Network, 2021, p.12)

## Appendix 2: Checklist for Termination of Pregnancy, Stillbirth and Neonatal death after 24 weeks gestation

<u><b>Patients telephone number please</b></u>	<i>Patient Address</i>
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First Section (Admission until birth)		Signature	Date
1.	<b>Persons to be informed</b>		
	Labour Ward lead consultant Obstetrician		
	Name:		
	<b>Own consultant (include name) informed</b> as soon as appropriate.		
	Name:		
	<b>Car parking:</b> Please validate the service users carparking ticket kept in the Sister's office		
2.	<b>Inform the following as soon as possible. Put N/A if it does not apply</b>		
	Bereavement midwives ext. 87157 (between 8.00am – 3.30pm, Mon-Friday) or mobile 07833 482243		
	Clinical risk Midwife ext 87155		
	Check EDD, if baby has died before 24 weeks but delivered after 24 weeks, this is not a stillbirth		
	If a termination, check the <b>'termination of pregnancy' Consent Form</b> has been completed by the doctor who has done the procedure – midwife needs to ensure this is completed		
	<b>Ideally give these when meeting the family for the first time:</b>  Give the patient guidance and information packs that are provided and inform them that there is information in the pack discussing postmortem and funeral advice  Please make sure you give the appropriate patient information leaflet i.e. If a neonatal death, give that leaflet		

	<p>Give them the SANDs booklet, ensuring the 'book mark' is included</p> <p>Please give the lactation choices after bereavement leaflet, so they can make an informed choice about expressing milk or not</p> <p>Please give the physio leaflet</p>		
	<p><b>If there is a language barrier, contact the Trust interpreting services and they will arrange an interpreter- face to face, video call or telephone</b> <b>(By law, we should use an interpreter)</b></p>		

<p>3.0</p>	<p><b>If different to date of birth (i.e by scan or feticide and gestation at this time):</b></p> <p>Date of death:</p> <p>Gestation at time of death:</p>		
	<p>Date of Birth:</p>		
	<p>Gestation of Birth: /40</p>		
	<ul style="list-style-type: none"> <li>• <b>Maternal bloods should be taken. Please order 'bereavement bundle' on ecare</b></li> <li>• <b>Only take genetic bloods if the Consultant recommends them.</b></li> </ul> <p><b>For an eCare how to guide on how to order bereavement bundle, please see appendix 3.</b></p>		
	<p><b>If the service user is Rhesus negative - give Anti D on diagnosis and also following the birth.</b> <b>Please put in batch number on diagnosis:</b></p> <p>Please put batch number following birth:</p>		
	<p><b>MATERNAL SWABS</b> <u>If unexplained death under 24 weeks</u> Chlamydia (cervical swab -yellow swab) GBS (LVS - black swab) MRSA Nasal swab (black swab)</p>		

	<p>Please make sure you use the partogram for all maternal observation, contractions, and fetal heart if applicable</p> <p><b>To commence the partogram you will need to input onset of labour in assessment and fluid balance</b></p>		
	<p>Please explain the appearance the baby may look. i.e the skin maybe peeling</p>		

	<b>Second Section (Birth)</b>	<b>Signature</b>	<b>Date</b>
4.	Placental swabs. Maternal and fetal side for microbiology culture and sensitivity – Use ecare and send to our lab		
	<b>If a neonatal death, please complete section 4 and 5. Just section 4 if not a neonatal death. Then follow checklist</b>		
	Give parents the opportunity to hold their baby if they wish		
	Weigh and examine baby and record here and in maternal records <b>kg Centile</b>		
	(Keep placenta in the baby room and send the same time as baby to the mortuary)		
	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?....		
	If over 24 weeks – please inform the service user and refer to the physio department – regardless of any perineal trauma		
	Attach labels to the baby's ankles if appropriate (If not put a label through the cord clamp)		
	<p>Label MUST say:</p> <p>Mothers name (the label can say baby of....) Mothers NHS number Date of birth of baby</p>		
	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		
	Give parents the opportunity to wash and dress their baby		
	Dress the baby if parents don't want to appropriately		
	A cot card and labels to be given to the parents		
	Take photographs using the digital camera (unless parents decline). Kept in the baby room		



	<p>Use a new memory card for each family so that they can take away. The memory card is in the memory box. Spare memory cards are in the baby room drawers if parents decline a memory box</p> <p>Take foot and handprints using the ink wipe in memory box Offer foot casts and ask members of staff who have had training to do them.</p>		
	<p>Lay the baby on an inco pad, once dressed to prevent leakage and label with mother's NHS number</p>		
	<p>Suggest parents take their own photographs on our camera and their mobile phone</p>		
	<p>Call Remember my baby (RMB) first to check availability: Freephone: 0808 189 2345 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</p> <p>If stillbirth or termination of pregnancy, complete the certificate (blue book for stillbirth or TOP), please scan to yourself (both sides) and email to the registry office. Keep the original copy in the notes. <a href="mailto:registrars@milton-keynes.gov.uk">registrars@milton-keynes.gov.uk</a> <a href="mailto:BereavementMidwives@mkuh.nhs.uk">BereavementMidwives@mkuh.nhs.uk</a></p> <p>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.</p>		
	<p>Ensure all births for babies included TOPs are completed in eCARE</p>		
	<p>If a stillbirth, TOP or livebirth – Do usual eCARE and add 'Newborn' as a NHS number is required for the baby</p>		
	<p>Complete eCARE: Ensure pregnancy episode is closed and the service user is discharged to generate a GP letter</p>		
	<p>The Coroner must be informed of any TOP or stillbirth. Complete the form 'Coroners' kept in TEAMS, under Maternity Safety Huddle and under bereavement. Select the coroner's form. Complete and save and also save as a download. 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.</p>		

	<p>If a neonatal death, the child health department must be informed whatever gestation ASAP following birth. Email them on <a href="mailto:cms.chis@nhs.net">cms.chis@nhs.net</a> (You can also contact them on 01707 396888)</p> <p>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. <a href="mailto:registrars@milton-keynes.gov.uk">registrars@milton-keynes.gov.uk</a> <a href="mailto:BereavementMidwives@mkuh.nhs.uk">BereavementMidwives@mkuh.nhs.uk</a></p>		
	<p>Complete one <b>Cremation Form (Certificate of Stillbirth, Cremation Form 9)</b>. This must go with the baby to the mortuary. Appendix 16</p>		
5.	<p><b><u>If a neonatal death</u>; it must be certified by a Paediatrician or Obstetrician and a CAUSE of DEATH certificate completed. (Yellow medical certificate, kept with the stillbirth certificates).</b></p>		
	<p>Please make sure you give the appropriate patient information leaflet i.e. If a neonatal death, give that leaflet</p>		
	<p>Please scan to yourself (both sides) and email to the registry office. Keep the original copy in the notes. <a href="mailto:registrars@milton-keynes.gov.uk">registrars@milton-keynes.gov.uk</a> <a href="mailto:BereavementMidwives@mkuh.nhs.uk">BereavementMidwives@mkuh.nhs.uk</a></p>		
	<p>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. <b>The grey Medical Certificate book (Cremation form 4) must always be filled out as well by the Paed or Obstetrician. A draft is with the yellow book or on NNU. Parent's to be informed that they must register the death within 5 working days</b></p>		
	<p><b><u>If a neonatal death</u>, the child health department must be informed whatever gestation. Email them on <a href="mailto:cms.chis@nhs.net">cms.chis@nhs.net</a> (You can also contact them on 01707 396888)</b></p>		
	<p>The Coroner must be informed of any live birth (whatever the gestation) then death. Complete the form 'Coroners' kept in TEAMS, under Maternity Safety Huddle and under bereavement. Select the coroners form. Complete and save and also save as a download. 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.</p>		

	<b>Please complete this online form as a requirement from the child death overview panel on:</b> <a href="https://www.ecdop.co.uk/BLMK/Live/public">https://www.ecdop.co.uk/BLMK/Live/public</a>		
	<b>Contact Hearing Screening if a neonatal death on Ext 87329</b>		
	<b>Contact neonates if a neonatal death on bleep 1631. They ideally need to see the baby born alive and after death</b>		

Postmortem	Signature	Date
6.	<b>If Postmortem is not required:</b>	
	Ensure placenta and baby remain together when sent to the mortuary. Place placenta in a dry ca, <b>never in formalin</b> . 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) <b>ALWAYS:</b> Please complete appendix 6, 'Postmortem/placenta request form for histology' (the last two pages) for all placentas. This is a mandatory requirement to complete these two pages when sending a placenta	
	b) White disposal form (Always). Appendix 15	
	c) Completed one Cremation Form 9 (white form) for stillbirth (Always). Appendix 16	
	d) If abnormalities noted or a consultant has requested, take placental tissue from the cord base, about 3cm if possible, of the membranes and placenta. See appendix 10 on where to take sample from. Take membranes and lobes. Place in pink tissue medium ( <b>kept in freezer at the workstation on LW</b> ) and send with	

	<p>baby to the mortuary. Make sure mothers label is on specimen pot and cytogenetic form.</p>		
	<p>e) Complete cytogenetics form (In plastic filing box in the baby room under abnormalities)</p> <p>Check appendix 9 for guidance.</p>		
	<p>(Examples and forms from appendix 11 or in plastic filing box in the baby room under abnormalities).</p>		
	<p>Please gain consent from birthing person if requesting cytogenetics and document conversation on ecare.</p>		
	<p><b>If a postmortem is required or requested:</b></p>		
	<p><b>The baby needs to be 16 weeks in size or over 100g in weight</b></p> <p><b>Postmortem (PM) consent to be explained and gained by a Consultant Obstetrician, Obstetric Registrar, Bereavement Midwife or a Midwife if competent.</b></p> <p><b>When completing the form, please put YES or NO. Must not put ticks and crosses as Oxford will not accept the form and therefore will delay the postmortem.</b></p> <p><b>Please make sure 'Changing your mind' is completed (front page). Section 5. Don't forget to write yes or no for the placenta. This also needs to be confirmed on the last page of the post mortem/placenta request form for histology - Just above where you write your name</b></p>		
	<p><b>ALWAYS:</b> Please complete appendix 6, 'Post mortem/placenta request form for histology' (the last two pages) for all placentas. This is a mandatory requirement to complete these two pages when sending a placenta</p>		

	Ensure placenta and baby remain together when sent to the mortuary. Place placenta in a dry pot, <b>never in formalin</b> . 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.		
	White disposal form (Always). Appendix 15		
	DO NOT take cytogenetics if the baby is having a postmortem as the pathologist will do so (Make sure you have ticked NO to 'Have you sent a sample to cytogenetics')		
	Please gain consent from the birthing person and document on ecare.		
	If running low on pink tissue medium, ring 01865 226001 and ask for more to be sent to the labour ward		
<b>MUST</b>	Inform Milton Keynes University Hospital Foundation Trust (MKUHFT) Mortuary ext: 85828 that the baby will require a PM. 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:- 01865 221246 to notify and discuss requirements prior to transfer of the baby. Oxford mortuary 01865 220495. If out of hours, please leave a message.		
	Postmortem consent (Appendix 4)  Send original copy with the baby and placenta and photocopy twice. One for the parents and one for the service user's notes  Ensure the last two pages are completed, as this is information for the pathologist – This is a mandatory requirement to complete these two pages (parents do not need a copy of this)		

	<p>Photocopies of any relevant: -</p> <p>a) Scan reports (Always) b) Copy of the notes if relevant</p>		
	<p>Please scan and email a copy of the post mortem consent form, including histology form to:</p> <p><a href="mailto:caz.costar@ouh.nhs.uk">caz.costar@ouh.nhs.uk</a>  <a href="mailto:tina.cowburn@ouh.nhs.uk">tina.cowburn@ouh.nhs.uk</a>  <a href="mailto:mortuary@ouh.nhs.uk">mortuary@ouh.nhs.uk</a>  <a href="mailto:BereavementMidwives@mkuh.nhs.uk">BereavementMidwives@mkuh.nhs.uk</a></p> <p>It is easier to send to yourself and then forward on, if you have not got the email addresses on you.</p>		
	<p>The Coroner must be informed of any TOP, stillbirth or live birth (whatever the gestation) then death. Complete the form 'Coroners' kept in TEAMS, under Maternity Safety Huddle and under bereavement. Select the coroners form. Complete and save and also save as a download. 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.</p>		
7.	<p>Ensure that the baby is correctly and clearly labelled before leaving the delivery suite</p>		
8.	<p>Offer the parents the blanket that their baby has been given</p>		
	<p>Ensure the baby is wrapped and the face is covered when going down to the mortuary</p>		
	<p>Use CapMan to request the 'Angel Box'. (pathology &amp; mortuary)</p>		
9.	<p>Register of congenital abnormalities if necessary (NCARDRS): (send to our Antenatal and Newborn Screening Co-ordinator). Forms in the baby room filing box, on top of fridge</p>		
10	<p><b>Please send an email to the following:</b></p> <p><a href="mailto:communitymidwife@mkuh.nhs.uk">communitymidwife@mkuh.nhs.uk</a></p> <p><a href="mailto:ObstetricUltrasound@mkuh.nhs.uk">ObstetricUltrasound@mkuh.nhs.uk</a></p> <p><a href="mailto:Obs.Gynae@mkuh.nhs.uk">Obs.Gynae@mkuh.nhs.uk</a></p> <p><a href="mailto:bereavementmidwives@mkuh.nhs.uk">bereavementmidwives@mkuh.nhs.uk</a></p>		

	<p><a href="mailto:annb@mkuh.nhs.uk">annb@mkuh.nhs.uk</a></p> <p><b>with 'notification of pregnancy loss' as subject title.</b> Please <b>do not</b> use the service user's name in compliance with GDPR, but instead <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>• NHS / Hospital number</li> <li>• EDD</li> <li>• DOB</li> </ul>		
	<b>Radar Form must be completed (unless TOP)</b>	<b>Radar Number:</b>	
11	<b>Please give Cabergoline 1mg (one dose only, for milk suppression) unless a contra-indication i.e blood pressure, before discharge,</b> Unless parents have decided to express and donate their milk (make sure they have read the lactation leaflet)		
12	<b>Taking the baby home:</b>		
	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 6)		
	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 them a release form and guidance on transporting the baby from the hospital to their home and back to		

	either the hospital or funeral directors of their choice.		
	IF they are taking the baby home, Appendix 7, <b>MUST</b> 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		
	When the parents are leaving or before if appropriate – inform them their baby will go to the mortuary		

Third Section (Discharge)		Signature	Date
14.	If the service user is on the CONI programme, please email <a href="mailto:cnw-tr.0-19adminhub.mk@nhs.net">cnw-tr.0-19adminhub.mk@nhs.net</a> or the health visiting admin hub 01908 725100		
	Ensure that the service user has been offered/given pain relief to take home and any other relevant TTO's		
	Ensure that on the discharge sheet, it is clearly documented that the service user has lost her baby		
	Write in the discharge book so CMW is aware the service user has delivered and gone home. Include orange discharge sheet.		
	Ensure a copy of the orange discharge sheet is completed and left for the Bereavement Midwife, with the notes		
	Postnatal bereavement notes have been given to the service user		
	All notes to be returned to the Bereavement Midwife. Please leave in designated place in the sister's office		



**Any other relevant information**

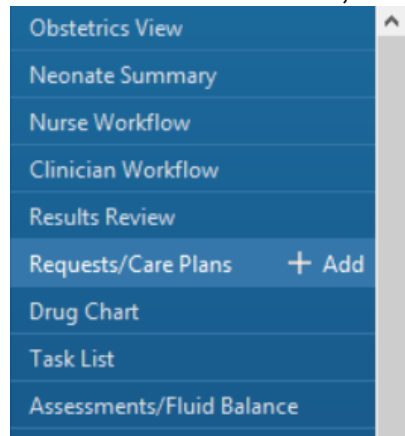
- Sex of baby
- EBL
- SVD or C/S
- Please cross out which is not relevant .
  - Perineum Intact
  - 1st degree
  - 2nd degree
  - 3rd degree
- Baby observations – **Fresh macerated or very macerated (please circle)**
- Weight
- **Centile**
- Is this a TOP, a miscarriage or a neonatal death (cross out which is not relevant)

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](mailto:coroners.office@milton-keynes.gov.uk). Please copy [BereavementMidwives@mkuh.nhs.uk](mailto:BereavementMidwives@mkuh.nhs.uk) so we get a response straight away.

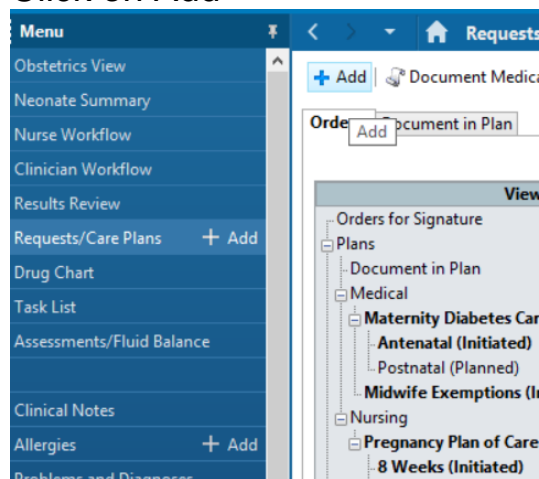
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### Appendix 3: Ordering Bereavement bundle bloods

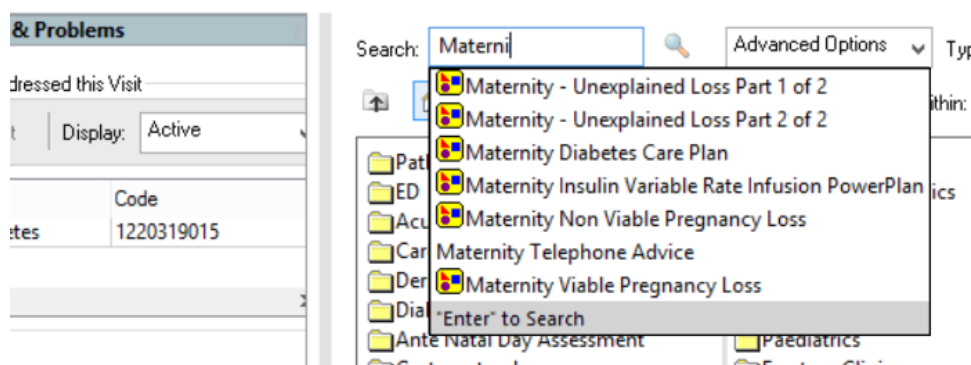
From Patient record, choose Requests/Care plans



Click on Add



Start typing Materni and choose unexplained loss part 1 of 2



Click Initiate now

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Orders | Document in Plan

Reconciliation Status: Meds History | Admission | Discharge

View: **Initiate Now** | Add to Phase | Comments | Start: Now | Duration: None

Orders for Signature

Plans

Document in Plan

Medical

Maternity - Unexplained Loss Part 1 of 2 (Planned Pending)

Maternity Diabetes Care Plan

Antenatal (Initiated)

Postnatal (Planned)

Midwife Exemptions (Initiated)

Nursing

Pregnancy Plan of Care

8 Weeks (Initiated)

16 Weeks (Planned)

20 Weeks (Planned)

23 Weeks (Planned)

28 Weeks (Planned)

31 weeks (Planned)

34 Weeks (Planned)

36 Weeks (Planned)

38 Weeks (Planned)

40 Weeks (Planned)

41 Weeks (Planned)

Suggested Plans (0)

Diagnoses & Problems

Related Results

Formulary Details

Details

Dx Table | Orders For Cosignature | Plan for Later

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

Initiate Now | Add to Phase | Comments | Start: 07/Nov/2023 12:34 GMT | Duration: None

Component

Maternity - Unexplained Loss Part 1 of 2 (Initiated Pending)

Non Categorised

This is part 1 of 2 PowerPlans. Please make sure you also order Maternity - Unexplained Loss Part 2 of 2.

Laboratory

Urea and electrolytes, blood	Order	Collection DT/TM: 07/Nov/2023 12:34 GMT
Liver function screen, blood	Order	Collection DT/TM: 07/Nov/2023 12:34 GMT
Bile acid level, blood	Order	Collection DT/TM: 07/Nov/2023 12:34 GMT
Thyroid function, blood	Order	Collection DT/TM: 07/Nov/2023 12:34 GMT
Glucose level, blood	Order	Collection DT/TM: 07/Nov/2023 12:34 GMT
Full blood count	Order	Collection DT/TM: 07/Nov/2023 12:34 GMT
Haemoglobin A1c level, blood	Order	Collection DT/TM: 07/Nov/2023 12:34 GMT
Full Thrombophilia screen, blood	Order	Collection DT/TM: 07/Nov/2023 12:34 GMT

Details

Dx Table | Orders For Cosignature | Orders For Signature

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

Order Name	Status	Start	Details
Thyroid function, blood	Order	07/Nov/2023 12:34 GMT	Collection DT/TM: 07/Nov/2023 12:34 GMT Please remember to print a requisition for this order if the patient is 6 months or younger
Bile acid level, blood	Order	07/Nov/2023 12:34 GMT	Collection DT/TM: 07/Nov/2023 12:34 GMT
Full blood count	Order	07/Nov/2023 12:34 GMT	Collection DT/TM: 07/Nov/2023 12:34 GMT
Glucose level, blood	Order	07/Nov/2023 12:34 GMT	Collection DT/TM: 07/Nov/2023 12:34 GMT Please remember to print a requisition for this order if the patient is 6 months or younger
Full Thrombophilia screen, blood	Order	07/Nov/2023 12:34 GMT	Collection DT/TM: 07/Nov/2023 12:34 GMT
Haemoglobin A1c level, blood	Order	07/Nov/2023 12:34 GMT	Collection DT/TM: 07/Nov/2023 12:34 GMT

Details for selected orders

Details | Order Comments | Diagnoses

\*Clinical details?:

\*Bleep/Telephone number?:

\*Collection priority?:

Specimen type?: Blood

28 Missing Required Details | Dx Table | Orders For Cosignature | Sign

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

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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

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### Print Labels

Select labels to print.

<input checked="" type="checkbox"/> Select All	
<input checked="" type="checkbox"/> Glucose tolerance test (Glucose tolerance test - Base)	15-BB-23-2000042
<input checked="" type="checkbox"/> Grey 4 mL	
<input checked="" type="checkbox"/> Full blood count	15-BB-23-2000129
<input checked="" type="checkbox"/> Lavender 4 mL	
<input checked="" type="checkbox"/> Full Thrombophilia screen, blood	15-BB-23-2000129
<input checked="" type="checkbox"/> Gold 5 mL	
<input checked="" type="checkbox"/> Lavender 4 mL	

Scan or select your printing device.

Printer Name	Description
Unable to load printing devices. Please contact your system administrator.	

Set as default label printer.

## Appendix 4: Stillbirth / Neonatal Death Referral to Coroner

### Stillbirth/Neonatal Death Referral to Coroner



Please complete and email to [coroners.office@milton-keynes.gov.uk](mailto: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	

#### Section 1:

**Please complete for all Stillbirths or Termination of Pregnancies – After 24 weeks gestation**

Mother's name and date of birth		Sex (delete as appropriate)	Male Female
Father's name and date of birth		Gestation	
Contact number for parents		Name of baby (if you are not aware of the parents chosen name, please leave blank)	
Date of stillbirth		Fresh or macerated stillbirth	
Time of birth		Contact details for certifying clinician (Please include details of bleep no and when on duty)	
Hospital no.			
Place of stillbirth (ward)			
Parents home Address			

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**Section 2:**  
**Please complete for Neonatal Death – At any stage in pregnancy**

Mother's name and date of birth		Sex (delete as appropriate)	Male  Female
Father's name and date of birth		Contact number for parents	
Date and time of birth		Name of baby (if you are not aware of the parents chosen name, please leave blank)	
Date and time of death			
APGAR Scores		Contact details for certifying clinician (Please include details of bleep no and when on duty)	
Hospital no.			
Place of death (ward)			
Parents home Address			

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

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

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Circumstances	
Date admitted	
Reason for admission/attendance	
Details of how stillbirth confirmed prior to delivery if applicable	
Labour induced/natural	
Time of delivery	
Condition of baby/placenta including appearance, weight, any obvious abnormalities	
<b>IF</b> 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	Name of Clinician	
(Cause)	1a	
	1b	
	1c	
	2	

Once complete, please email to [coroners.office@milton-keynes.gov.uk](mailto:coroners.office@milton-keynes.gov.uk) and [tracy.rea@mkuh.nhs.uk](mailto: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 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
<b>Father/Partner with parental responsibility</b>	Address (if different from the mother's)
Last name	
First name(s)	
Preferred parent to contact, tel. no.:	
Other, eg, religion, language, interpreter .....	
.....	
<b>How to fill in this form:</b> <ul style="list-style-type: none"> <li>• Please show what you agree to by writing <b>YES</b> in the relevant boxes. Write <b>NO</b> where you do not agree.</li> <li>• Record any variations, exceptions and special concerns in the Notes to the relevant section or in Section 5.</li> <li>• Sign and date the form. The person taking consent will also sign and date it.</li> </ul>	

<p><b>Changing your mind</b></p> <p>After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.</p> <p>If you want to change your mind, you must contact:</p> <p>[Name, department] ..... [tel.] .....</p> <p>Before [time] ..... on [day] ..... [date] .....</p>
--

**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
<b>AUTOPSY REFERRALS</b> – BEFORE SENDING THE CASE ALWAYS CONTACT THE DEPARTMENT TO FOREWARN US AND RELAY ANY IMPORTANT INFORMATION.	

FOR LABORATORY USE
<b>LABORATORY NUMBER:</b>
<b>DATE RECEIVED:</b>
<b>PATHOLOGIST:</b>
<b>NOTES:</b>

PLEASE REMEMBER TO INCLUDE THE PLACENTA!

MOTHER'S DETAILS	
<b>HOSPITAL NO</b> .....	<b>ADDRESS</b> .....
<b>NAME</b> .....	
<b>PREV SURNAME</b> .....	<b>CONSULTANT</b> .....
<b>D.O.B</b> .....	<b>WARD</b> .....
<b>LMP</b> .....	<b>HOSPITAL</b> .....
<b>EDD</b> .....	

SPECIMEN / REQUEST
<b>IS THE REQUEST FOR EXAMINATION OF:</b>
<input type="checkbox"/> A STILLBORN / FOETAL DEATH?
<input type="checkbox"/> A NEONATAL / INFANT DEATH?
<input type="checkbox"/> THE PLACENTA ONLY?
<input type="checkbox"/> OTHER: .....
<b>DATE:</b> .....

RELEVANT CLINICAL DETAILS AND HISTORY

PAST OBSTETRIC HISTORY							
YEAR	PLACE	SEX	WEIGHT	GESTATION	DELIVERY	COMPLICATIONS	OUTCOME

HAVE YOU SENT A SAMPLE TO CYTOGENETICS
<input type="checkbox"/> YES
<input type="checkbox"/> NO

COMPLICATIONS IN PRESENT PREGNANCY			
<b>THREATENED ABORTION</b>	Y / N	<b>GROWTH RESTRICTION</b>	Y / N
<b>HYPERTENSION</b>	Y / N	<b>OTHER (DETAILS BELOW)</b>	Y / N
<b>POLYHYDRAMNIOS</b>	Y / N	.....	
<b>OLIGOHYDRAMNIOS</b>	Y / N	.....	
<b>APH</b>	Y / N		

SUMMARY OF PRESENT DELIVERY			
(SUMMARY OF COMPLICATIONS, DELIVERY ETC):	<b>FETICIDE (if applicable)</b>	<b>DATE</b>	<b>TIME</b>
	<b>MEMBRANE RUPTURE</b>	.....	.....
	<b>1ST STAGE</b>	.....	.....
	<b>2ND STAGE</b>	.....	.....
	<b>DELIVERY</b>	.....	.....

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BABY / FOETUS	
If having a post mortem, give the baby's name: (Same as written on front page). Complete as much as possible	
NAME (if given) .....	HOSPITAL NO (if applicable) .....
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
<input type="checkbox"/> FRESH
<input type="checkbox"/> MACERATED
<input type="checkbox"/> VERY MACERATED

PROVISIONAL DIAGNOSES

QUESTIONS FOR THE PATHOLOGIST

PLEASE INCLUDE:	
COPIES OF THE ULTRASOUND SCAN REPORTS	<input type="checkbox"/>
COPIES OF ALL GENETICS RESULTS	<input type="checkbox"/>
THE PLACENTA	<input type="checkbox"/>
POST MORTEM CONSENT FORM	<input type="checkbox"/>

ABNORMALITIES / ANOMALIES
PLEASE GIVE DETAILS OF <u>ANY</u> 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)
<p><b><u>Do the parents agree to disposal of the placental tissue as per Oxford University Hospital protocol? Yes/ NO (please circle)</u></b>  <b><u>For IUD/ S/BIRTH, Neonatal deaths &amp; TOP's</u></b></p>	

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: 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

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*Complete every box*

Your wishes about the postmortem examination of your baby

Mother	Baby
Last name	Last name <input checked="" type="checkbox"/>
First name(s)	First name(s) <input checked="" type="checkbox"/>
Address	Date of birth <input checked="" type="checkbox"/>
	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)	

*STICKER*

Preferred parent to contact, tel. no.: *Please get a current phone number*

Other, eg, religion, language, interpreter ..... *fun an* .....

**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] *01/01/01*

*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.

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**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 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.

**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

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### 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  We agree to further detailed examination of the organ(s) specified below:

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  We want the hospital to dispose of the organ(s) respectfully as required by law.

NO  We want the organ(s) returned to the funeral director we appoint for separate cremation or burial.

Yes  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  We agree to donate the organ(s) to be used to train health professionals.

NO  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)

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Section 6: Parental consent

- Yes I/We have been offered written information about postmortems.
- Yes I/We understand the possible benefits of a postmortem.
- Yes My/Our questions about postmortems have been answered.

→ Parents should be offered this prior to discussion  
 → Don't always find a cause so/so.

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.

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

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

If using an interpreter

This form has to be completed

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POSTMORTEM / PLACENTA REQUEST FORM FOR HISTOLOGY

<b>PAEDIATRIC PATHOLOGY CONTACT INFORMATION</b> DR D FOWLER (01865) 220504 DR CM BOWKER (01865) 222022 SECRETARY (01865) 221246 MORTUARY OFFICER (01865) 220495 LABORATORY (01865) 220492  <b>AUTOPSY REFERRALS</b> – BEFORE SENDING THE CASE ALWAYS CONTACT THE DEPARTMENT TO FOREWARN US AND RELAY ANY IMPORTANT INFORMATION.	<b>FOR LABORATORY USE</b> LABORATORY NUMBER:  DATE RECEIVED: PATHOLOGIST: NOTES:
--	---

PLEASE REMEMBER TO INCLUDE THE PLACENTA!

**MOTHER'S DETAILS**

HOSPITAL NO \_\_\_\_\_ ADDRESS Part of sticker.

NAME \_\_\_\_\_

PREV SURNAME Sticker CONSULTANT \_\_\_\_\_

D.O.B \_\_\_\_\_ WARD maternity

\* LMP Important HOSPITAL Milton Keynes.

\* EDD Important.

**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**

Anything to note.  
i.e Abruption etc.

**PAST OBSTETRIC HISTORY**

YEAR	PLACE	SEX	WEIGHT	GESTATION	DELIVERY	COMPLICATIONS	OUTCOME
<i>Must do</i>							

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):

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

fu in as much as possible



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BABY / FOETUS	
NAME (if given) <u># must put</u>	HOSPITAL NO (if applicable) _____
GENDER (if known) <u>if known</u>	PAEDIATRICIAN (if applicable) _____
DOB <u>Important</u>	ESTIMATED DATE OF DEATH _____
WEIGHT AT DELIVERY <u>Important</u>	ESTIMATED TIME OF DEATH _____
GESTATION AND/OR AGE <u>Important</u>	FATHER'S NAME (if different) _____

APPEARANCE
BABY / FOETUS / PLACENTA
<input type="checkbox"/> FRESH
<input checked="" type="checkbox"/> MACERATED
<input type="checkbox"/> VERY MACERATED

PROVISIONAL DIAGNOSES
<u>What is written on the scan report?</u>

QUESTIONS FOR THE PATHOLOGIST

PLEASE INCLUDE:
COPIES OF THE ULTRASOUND SCAN REPORTS <input checked="" type="checkbox"/>
COPIES OF ALL GENETICS RESULTS <input checked="" type="checkbox"/>
THE PLACENTA <input checked="" type="checkbox"/>
POST MORTEM CONSENT FORM <input checked="" type="checkbox"/>

Must include

ABNORMALITIES / ANOMALIES
PLEASE GIVE DETAILS OF ANY ABNORMALITIES (and/or attach copies of the prenatal diagnosis scan / genetics reports)
<u>If you note an abnormality - check with an obstetrician or paediatrician and then document</u>

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 <u>This call</u>	DATE _____	SIGNATURE <u>needs filing in</u>	STATUS _____
TELEPHONE NO _____	BLEEP _____		

## Appendix 7: 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	
<b>Centile</b>	

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

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Date visit:	No days	Initials	Comments/Reason for visit

**To be completed by community midwife:**

Date discharged from community Midwife:		Discharged By:	
---	--	----------------	--

## Appendix 8: 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.**

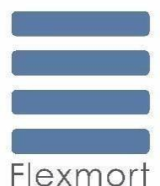
8. **Press 'c/f'** button on the top of unit to set temperature (**8°C/46°F**) press up/down arrow buttons to do this. Then press **Enter button** to confirm temperature set.

**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.**



## Appendix 9: 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: \_\_\_\_\_

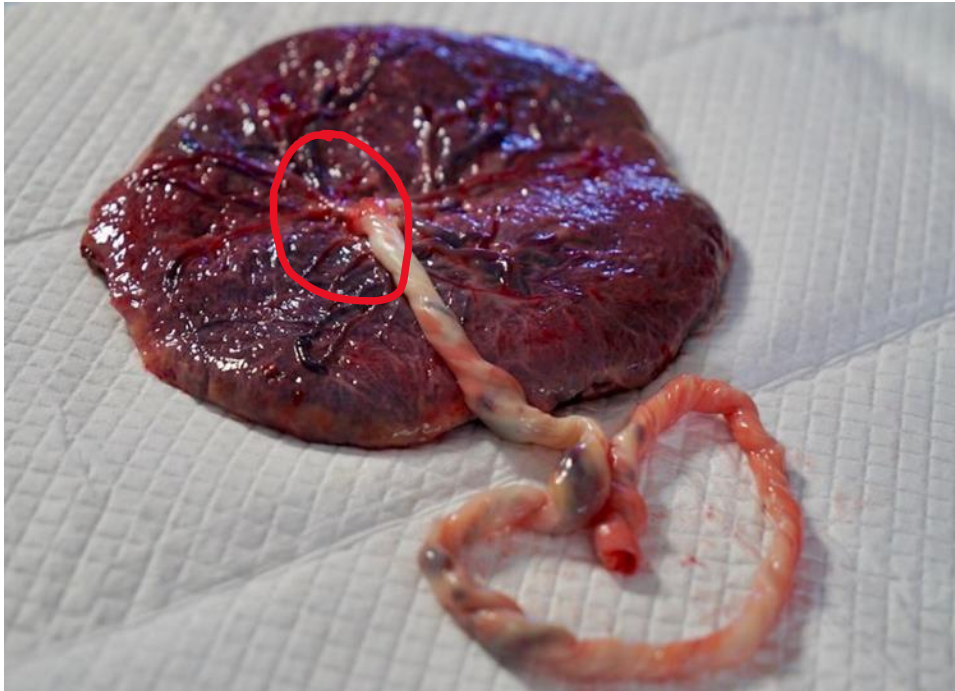
Name of staff member (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 10: 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

<b>OXFORD REGIONAL GENETICS LABORATORIES TEST REQUEST</b> <small>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</small> <span style="float: right; font-size: small;">v3.5 April 2019</span>															
<p><b>PATIENT DETAILS</b> <i>(Printed label if available)</i></p> <p>Family name: <u>Womans Stricker</u></p> <p>First name(s):</p> <p>Date of birth:</p> <p>NHS number:</p> <p>Hospital number:</p> <p>Address:</p> <p>Postcode:</p> <p>Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/> U <input type="checkbox"/></p> <p>Ethnic Origin: <u>Must put</u></p> <p>Case / Family number:</p> <p>NHS <input checked="" type="checkbox"/> Private <input type="checkbox"/> <small>Please supply the name and address for invoicing</small></p>	<p><b>REFERRER DETAILS</b></p> <p>Consultant / Clinician: <u>NAME</u> Job Title:</p> <p>Hospital address: <u>Milton Keynes University Hospital Standing Way, Farlestone MK6 5LD mk screening@mkuh.nhs.uk</u></p> <p>Email: (PTO for more information) Tel No: <u>01908-660033</u></p> <p>Contact Name: (if different)</p> <p>Additional copies to:</p>														
<p><b>CLINICAL DETAILS AND FAMILY HISTORY</b></p> <p><small>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.</small></p> <p><u>AS MUCH INFORMATION AS YOU CAN GIVE</u>  <u>example - TOP for what reason</u>  <u>example - missed miscarriage at 20/40, size of 16/40</u></p> <p>Is the patient or their partner pregnant? <input type="checkbox"/> If YES: gestation at sampling by scan? <input type="checkbox"/> Patient wishes to know fetal sex? <input checked="" type="checkbox"/></p> <p>For infertility referrals please give partner's name and DOB: <u>PLEASE STATE IF PARENTS WANT TO KNOW SEX OF THEIR BABY</u></p> <p>If this case has been discussed with the Clinical Genetics department, please give name of contact in Genetics: <u>Sex of their baby</u></p>															
<p><b>HIGH RISK SAMPLES:</b> If a specimen is known to present an infection hazard it must be clearly labelled 'DANGER OF INFECTION' and the infection hazard stated.</p>															
<p><b>Sample requirements</b> – further details available from our web-site: <a href="http://www.ouh.nhs.uk/geneticslab">www.ouh.nhs.uk/geneticslab</a></p> <p>For Chromosome analysis, Fluorescence in situ hybridization (FISH): <b>Blood in LITHIUM HEPARIN (1-5ml)</b> <input type="checkbox"/> (Tick box if requested)</p> <p>For Gene sequencing, specific mutation tests, dosage, array CGH: <b>Blood in EDTA (1-5ml)</b> <input type="checkbox"/> (Tick box if requested)  <small>N.B. For FRAX testing please send blood in both EDTA and lithium heparin</small></p> <p>Prenatal sample (please circle) <b>Amniotic fluid / CVS / Fetal blood</b> <input type="checkbox"/> Volume (if appropriate) ml</p> <p><small>N.B. If molecular testing is requested, a maternal blood sample in EDTA should also be sent.</small></p> <p>Has this patient had a recent blood transfusion or ever had a bone marrow transplant? Yes / No – if yes give details below</p> <p>Other (Please state) <u>Placenta</u> Date sample taken: <u>01/01/2021</u>                      Name of person taking sample: <u>YOUR NAME</u></p>															
<p><b>TEST(S) REQUESTED</b> – please read consent information overleaf</p> <p style="text-align: center; font-size: 2em;"><u>Cytogenetics</u></p> <p style="text-align: right; font-size: small;"><u>if asked to take a fetal sample please ensure parents are aware and documented on ecare/consent form</u></p>															
<p><b>For Lab Use</b></p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Date of receipt:</td> <td style="border: none;">Condition/Volume:</td> <td style="border: none;">FISH/QPCR:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Duty Scientist:</td> <td style="border: none;">Related Nos:</td> <td style="border: none;">Referral Code:</td> <td style="border: none;">Lab ID:</td> </tr> <tr> <td style="border: none;">Array CGH Referral code:</td> <td style="border: none;">DNA location:</td> <td style="border: none;">Source material:</td> <td style="border: none;">Activation Date:</td> </tr> </table>				Date of receipt:	Condition/Volume:	FISH/QPCR:		Duty Scientist:	Related Nos:	Referral Code:	Lab ID:	Array CGH Referral code:	DNA location:	Source material:	Activation Date:
Date of receipt:	Condition/Volume:	FISH/QPCR:													
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](mailto: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

Kept 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 1<sup>st</sup> 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](http://www.ouh.nhs.uk/geneticslab)

## 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](mailto:orh-tr.dutyscientist.oxfordgen@nhs.net)

**NHS**  
**Central & South**  
**Genomic Laboratory Hub**  
Oxford Genetics Laboratories

<b>PATIENT DETAILS</b> (Printed label if available)	<b>REFERRER DETAILS</b>
Family name:	Consultant / Clinician: Job Title:
First name(s):	Hospital address:
Date of birth:	
NHS number: Sex: M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>	
Hospital number:	Email: (PTO for more information) Tel No:
Address: Ethnic Origin:	Contact Name: (if different)
Case / Family number:	Additional copies to:
Postcode: NHS <input type="checkbox"/> Private <input type="checkbox"/> <small>Please supply the name and address for invoicing</small>	

### 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](http://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](mailto: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 joint referral form \(ouh.nhs.uk\)](https://ouh.nhs.uk)**

## Appendix 14: Blank Cytogenetics / karyotyping consent form

Cytogenetics

Oxford University Hospitals

NHS Trust

### CONSENT FORM FOR GENETIC TESTING AND STORAGE OF GENETIC MATERIAL

OXFORD CENTRE FOR GENOMIC  
MEDICINE  
ACE building,  
Nuffield Orthopaedic Centre  
Oxford OX3 7HE

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 15: Consent to take photographs form



REMEMBRANCE PHOTOGRAPHY  
Registered Charity No. 1159657 (England & Wales) SC045442 (Scotland)

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

NAME: .....

Photographer's

PHONE: .....

Details

EMAIL: .....

SIGNATURE: .....

FREEPHONE 0808 189 2345 email: [info@remembermybaby.org.uk](mailto:info@remembermybaby.org.uk) Website: [www.remembermybaby.org.uk](http://www.remembermybaby.org.uk)

Registered Office: Remember My Baby, 16 Quarn Drive, Derby DE22 2NQ  
Registered Charity No. 1159657 (England & Wales) SC045442 (Scotland)  
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RMB\_09\_CONSENT\_FORM 2019

## Appendix 16: Disposal form

### Disposal Form

**This disposal form accompanies all babies to them**

### **Investigations Required (Please tick)**

<b>PATIENT LABEL</b>	Cytogenetics (if <u>required</u> )..... <input type="checkbox"/>
	Central & South Oxford genetics laboratories form must be <u>attached</u> Post Mortem (PM) <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED <input type="checkbox"/>
The original copy of the postmortem consent, along with the <u>womans'</u> scan reports must be <u>attached</u> <input type="checkbox"/>	
None..... <input type="checkbox"/>	

Appendix 17: Stillbirth Crem form 9



CROWN HILL CREMATORIUM &  
CEMETERY OFFICE

Dansteed Way, Crownhill,  
Milton Keynes MK8 0AH  
Tel: 01908 568112  
Fax: 01908 563358  
E-mail: crownhill@milton-keynes.gov.uk  
www.milton-keynes.gov.uk/crematorium

Certificate of stillbirth

Cremation Form 9  
Introduced in 2009 01.09

Please complete this form in full, if a part does not apply enter N/A.

Part 1 - The stillborn child

Full name of child or description

Sex

Male  Female

Date of death

/  /

Part 2 - Certification of stillbirth

I am a registered

medical practitioner

midwife

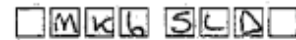
I certify that I have examined the body of the stillborn child and can certify that the child was stillborn.

I certify that the information I have given above is true and accurate to the best of my knowledge and belief. I am aware that it is an offence to wilfully make a false statement with a view to procuring a cremation.

Your full name

Address

MILTON KEYNES HOSPITAL  
NHS FOUNDATION TRUST



Registered qualifications

GMC reference number / Nursing and Midwifery Council Personal Identification Number (PIN)

Signed

Dated

/  /

Regulation 20(1)(c)(i) of the Cremation (England and Wales) Regulations 2008