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CLINICAL PROFESSIONAL RESOURCE

Acknowledgements

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Contributors (to the 2015 edition)

The RCN and the working party involved in the production of this updated publication would like to extend its thanks to the following contributors:

Carmel Bagness, RCN Professional Lead, Midwifery and Women's Health

Caroline Browne, Head of Regulation, Human Tissue Authority

Mandy Myers, RCN Women's Health Forum Committee member and Director of Operations for BPAS

Wendy Norton, RCN Women's Health Forum Committee member and Senior Lecturer, De Montfort University

Ruth Bender Atik, National Director, Miscarriage Association

Cheryl Titherly, Improving Bereavement Care Manager, Stillbirth and Neonatal Death Charity (Sands)

Amanda Hunter, Improving Bereavement Care Co-ordinator, Stillbirth and Neonatal Death Charity (Sands)

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Contents

1. Introduction

The aim of this publication is to enable nurses and midwives to have in place appropriate systems and processes to ensure the safe and appropriate disposal of pregnancy remains, where the pregnancy has ended before the 24th week of gestation. This will include following an ectopic pregnancy, early intrauterine fetal death, miscarriage, or a medically or surgically induced termination of pregnancy.

This guidance does not refer to the disposal of embryos created in vitro (for fertility treatment or embryo research), a process which is regulated by the Human Fertilisation and Embryology Authority (HFEA). Neither does it apply to care following stillbirths (when a baby is born dead after 24 weeks' gestation) or neonatal deaths.

This guidance focuses on enabling the woman whose pregnancy it was to choose the method of disposal she feels is m1h6 (s)4.9 (e)-0.79 (l)26.6 (y i)9.8 (l)26.2 (os)-3.7 (d)10.(a)22nursui1h6 (s
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2. A woman's choice

Because of the very sensitive nature of pregnancy loss, it can be challenging to understand how an individual woman may feel about discussing the disposal of her pregnancy remains.

The critical issue in supporting best practice is in respecting a woman's choice, based on the understanding that this is her pregnancy loss – regardless of the circumstances of that loss – and that she is best placed to determine how the remains should be managed.

When a pregnancy ends, the woman may have very mixed emotions about this, regardless of gestation. It is incumbent on nurses and/or midwives caring for the woman to establish her wishes while recognising that, at what may be an emotional time, it may prove challenging for the woman to make clear decisions.

In the case of termination of pregnancy, the mode of disposal may have a bearing on the way the remains are collected. For this reason it is important for the registered nurse to ensure that the woman knows, before the procedure, what her options are with regard to disposal of the pregnancy remains, and that her choice will be supported and respected.

It is also important to consider how the registered nurse or midwife will support younger women (those under 18 years) to ensure that their views are known and acted upon rather than those of parents, guardians or other relatives who may be supporting them at this time.

Professional judgement, compassion and knowledge are all critical when it comes to providing a woman with the appropriate time and opportunity to discuss her options, and ensure that she can make a decision that is right for her.

Equally, the wishes of those women who do not want any information or discussion, or to be otherwise engaged in decision making about disposal of the pregnancy remains, must also be respected.

The Human Tissue Authority (HTA) first produced key guidance and recommendations in 2015 (HTA, 2021), based on the Human Tissue Act 2004 which, as the HTA explains:

> "... makes no distinction between the disposal of pregnancy remains and the disposal of other tissue from a living person; pregnancy remains are regarded as the tissue of the woman. Although under the HTA consent is not required for the disposal of pregnancy remains, the particularly sensitive nature of this tissue means that the wishes of the woman, and her understanding of the disposal options open to her, are of paramount importance and should be respected and acted upon."
>
> HTA, 2015:2

The HTA guidance makes provision for three options – burial, cremation or incineration. It also acknowledges that women may choose to make their own arrangements, or to have no involvement with regard to disposal at all. The emphasis within the HTA guidance is on the woman's choice. Further information for health care professionals is available in the *R* *R* *R* (NBCP, 2019).

4. Disposal of fetal remains – Scotland

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Nurses or midwives who provide care to a woman who has miscarried or had a termination of pregnancy have a duty of care to be sensitive to the woman's particular wishes and her understanding of what the pregnancy means to her.

For some women, regardless of the circumstances of the pregnancy loss, this could be a devastating life event, while for others there may be minimal or no attachment to the pregnancy; some women may experience a range of emotions between these two stances.

All health care personnel involved should also fully understand local policy and procedures and know who the key contacts are.

woman's name or a unique identifiable reference number (if confidentiality is an issue), so that, if necessary, her notes can be made available to her at a later date.

5.2 Cremation

The cremation of pregnancy remains of less than 24 weeks gestation is not included in Cremation, England and Wales: The Cremation (England and Wales) (Amendment) Regulations 2017; however, most crematoria are willing to provide this service. If this service is not currently available locally, arrangements should be explored with crematoria to make provision available.

Details of model agreements can be found in the ICCM's policy and guidance entitled *The Sensitive Disposal of Fetal Remains* (ICCM, 2015), which contains a draft agreement that may be helpful to establishments.

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be able to articulate, with accuracy and confidence, the processes employed locally, and ensure that they are able to properly explain this information.

In the case of disposal by incineration, the HTA (2015) identified the need for pregnancy remains to be subject to a different disposal process from general clinical waste. The HTA recommends that prior to disposal the remains should be packaged and stored separately from other clinical waste, in suitable containers, before subsequently being incinerated separately from other clinical waste. For future reference, it is important that the date of the collection and the location of the incineration should be recorded.

In Scotland, incineration is not an option (Scottish Government, 2015). The need for sensitivity when explaining these processes cannot be over-emphasised and the woman's wishes should always be paramount.

5.4 The woman does not make a decision

The premise of high quality care in respect of the disposal of pregnancy remains is centred on enabling the woman to make the right decision for her on the basis of her perception of the meaning of the pregnancy, or what feels most manageable for her at that time. The choice of method of disposal will not necessarily always directly correlate with the woman's attachment to the pregnancy.

If a woman prefers not to make a decision about disposal, she should be informed what method of disposal will be used. Where a woman does not want to engage in any discussion about disposal, her position should be respected but she should be made aware that information is available to access should she so wish.

The HTA (2015) recommends that if a woman does not make a decision, the remains should be kept for no more than 12 weeks before disposal. The woman should be made aware of the local timeframe and that if no decision has been expressed within that time, the remains will be disposed of. Ideally, this information should be provided verbally and in writing.

Sometimes women/parents do not recognise their loss at the time, but may return months or years later to enquire about disposal arrangements. It is therefore important that any discussions and information provided are well-documented, along with the details of the disposal.

5.5 Returning the pregnancy remains to the woman

Some women may choose to have the remains returned to them, so that they can make their own arrangements. It will be important to have confidence that the woman has made an informed decision, with careful and sensitive communication, and to ensure that the woman is aware of the options available to her.

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

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

6. Roles and responsibilities of nurses and midwives

Nurses and midwives caring for women who have experienced a pregnancy loss or undergone termination of a pregnancy before 24 weeks gestation should focus on ensuring that women are able to make decisions and choices based on personal needs, and that the woman understands the responsibilities linked with her decisions.

The emphasis for the health care professional should be on providing quality information; it can be a challenge identifying how much information is appropriate, and it is often best to give key choices, and be available to repeat or expand on details as required. There may be variation across the UK about options available, however the HTA guidance for England, Wales and Northern Ireland (HTA, 2015) is clear in recommending that all three choices should be communicated (whether written or verbal), even if not available locally. This too will be important for the woman's choice.

This may require further training and education, in particular to understand local processes and how all options can be made available to all women.

6.1 Record keeping

Information provided to women about the disposal of the pregnancy remains, together with details of decisions made by the woman (including the option not to engage in decisionmaking), should be recorded in her medical notes. For some women, grief related to a pregnancy loss may become an issue many months or years after the event, and so complete records will be important in enabling the woman to manage her bereavement process.

As pregnancy remains below 24 weeks gestation are considered pre-viable, these are not subject to paperwork such as certificates of death unless signs of life were observed during birth (MBRRACE-UK, 2020). However, crematoria and burial grounds are legally obliged to ensure the pregnancy ended legally, so will require a pre-viability form or authorisation to confirm this. In some situations, this form may contain details of several pregnancy losses, as it is not always practical to have separate forms for each individual loss. This is why it is important that any relevant details are recorded in the woman's medical notes.

6.2 Consent

Consent is important and should be regarded as a critical step in the package of care to ensure a woman has been given the opportunity to make a fully-informed decision.

The documentation may vary, however it should be clearly recorded in the woman's medical notes that she has been given appropriate information about the options for disposal and what, if any, decision she has made. It should also be recorded if a woman declines the offer of information and chooses not to make a decision.

It is not necessary to have the woman sign a consent form in relation to the disposal of the pregnancy remains, although some organisations may opt to do this. Furthermore, it is important to take account of younger women's (aged under 18 years) right to consent, and that this may sometimes be in conflict with parents, guardians or those supporting them.

6.3 Multiple pregnancy

The loss of a pregnancy can be very distressing; this may be more complex where a multiple pregnancy is involved, especially where one fetus/baby survives. The Multiple Births Foundation (www.multiplebirths.org.uk) provides support and advice to parents and professionals, and registered health professionals should be knowledgeable and confident if supporting women in this situation.

6.4 Cultural and religious beliefs

Health care professionals should be sensitive to the values and beliefs of a wide range of cultures and religions, particularly those prominent in local communities, and should also recognise that those who identify with a particular group may or may not have very strongly held beliefs.

No assumptions should be made based on a woman's cultural or religious background. The best way to proceed is to acknowledge the particular culture/religion and then respectfully and sensitively proceed to explore an individual woman's preferences in relation to the options for disposal.

6.5 Memorials

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

Many units now have memorial books and books of remembrance which are kept in a hospital religious facility, such as a chapel or prayer room, or a quiet room. Information about this should be easily available to allow the woman to decide if she wishes to use this resource.

If ultrasound scan reports or pictures are available, these may form part of a personal memorial package, along with cards from friends and family.

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

The Sands charity and the Miscarriage Association both provide further advice for professionals and parents on the choices available.

6.6 Engagement with others

A wide range of health care professionals and other associated service providers may be involved in the process of the disposal of pregnancy remains. Local policies and procedures need to take account of the full pathway of care and consider all those who

midwives, medical teams, health visitors, pathology laboratory staff, those engaged in disposal procedures (including the disposal of clinical waste), porters who may be

7. Conclusion

The overwhelming principle here is the need to respect each woman's right to decide on the mode of disposal of the remains of her pregnancy, including not making any decision at all. Clearly, sensitivity will be vital when approaching the question of the disposal of pregnancy remains with women and, where appropriate, discussions with their partners and families.

All service providers that are likely to have contact with women who have experienced a pregnancy loss, regardless of the circumstances of that loss, should be respectful of the need for sensitivity and have clear policies in place that are well-articulated and understood by all those involved; this will apply not just to nurses and midwives, health visitors, registered nursing associates, health care assistants, students and medical teams providing front line care, but also those who are involved in laboratories and the transportation of the remains, and personnel working at mortuary and crematoria, burial grounds and clinical waste facilities.

The message for all involved is that the process should be centred on a woman's choice, and that everyone has a professional responsibility to provide effective systems that facilitate that choice with sensitivity and confidence; that the systems will work well; and that inter-agency working is smooth and effective.

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RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

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

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Evaluation

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