POLICY FOR MANAGEMENT OF FETAL REMAINS, STILLBIRTH AND NEONATAL DEATH

Documents to read alongside this Policy, Procedure etc (delete as necessary)

- Management of Stillbirths in Maternity
- Human Tissue Authority Codes of Practice
- RCN Sensitive disposal of all fetal remains
- SANDS Pregnancy loss and the death of a baby
- RCOG Late Uterine Fetal Death and Stillbirth

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Author/Reviewee: Senior Nurse for Bereavement Services, Clinical Board Nurse Children and Women and Cellular Pathology Services Manager
Executive Lead: Medical Director
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1.0 INTRODUCTION AND BACKGROUND

This policy will ensure that all staff within Cardiff and Vale University Health Board provide consistent advice and support to women / couples, their families or carers following the loss of their fetus / baby.

This policy will ensure consistency in practice and take account of changing public expectations arising from the organ retention issues highlighted following the Royal Liverpool Children’s Inquiry (Kennedy 2001) and the Bristol Royal Infirmary Inquiry (Redfern 2001). It will ensure that all Health Board service users have information to support the obtainment of informed consent surrounding the choices for disposal of fetal remains, which will be managed and disposed of in a sensitive and dignified manner, in line with the 2004 Human Tissue Act (2006) and the Royal College of Nursing guidance (2002).

The Human Tissue Act, enforced by the Human Tissue Authority (HTA) provides a legal framework for the storage and use of tissue from the living and for the removal, storage and use of tissue and organs from the dead. HTA best practice indicates that the same principles should be applied to fetal remains (less than 24 weeks gestation that shows no signs of life) and products of conception, as those applied to tissue retained at post-mortem i.e. examination and disposal require specific consent for fetus / babies of all gestational loss as well as stillbirth and neonatal death.

The Health Board accepts that the women / couples should have choices, regardless of the pregnancy gestation and it acknowledges that the death of a baby for some individuals, irrelevant of gestation can be as significant as any bereavement. In addition to this practical support, staff will ensure that care meets personal, cultural, spiritual, religious and holistic individual requirements (Schott et al 2007).

Throughout this policy woman and couple will be referred too; couple will refer to the woman’s partner, irrespective of gender.

2.0 POLICY STATEMENT

It is the policy of Cardiff and Vale University Health Board (the UHB) to ensure that it has a consistent and sensitive approach to the management and final disposal of fetal remains, stillbirth and early neonatal death. This will include products of conception and upholds the guidelines set out in EL (91)144 and HSG (91) 19 and those of the Stillbirth and Neonatal Death Charity Guidelines (Schott et al 2007).

It is committed to ensuring that Individuals are treated with dignity, respect, they feel in control, and they should be supported in making their own decisions. Communication must be unambiguous, sensitive and honest so women / couples can make the most appropriate decisions about their loss.
This policy will provide information on the arrangements required following a pregnancy loss / neonatal death. The policy will set out the correct procedures to ensure all staff act appropriately and effectively, depending upon the gestational age at the time of the loss.

3.0 SCOPE

This policy will apply to all areas of the UHB but there are specific areas that are likely to utilise it more frequently. These areas will include:

- Day Theatre (Surgery Clinical Board)
- Main theatres (Surgery Clinical Board)
- Emergency Unit (Medicine Clinical Board)
- All-Wales Medical Genetics Service (AWMGS) comprising Clinical Genetics in Specialist and Laboratory Genetics (Clinical Diagnostics and Therapies Board)
- Histology Department (Clinical and Diagnostics)
- Fetal Pathology Unit (Clinical and Diagnostics)
- Gynaecology Services (Children and Women Clinical Board)
- Early Pregnancy Services (Children and Women Clinical Board)
- Maternity services (Children and Women Clinical Board)
- Neonatal services (Children and Women Clinical Board)

In addition this policy relates to several support services including:

- The Mortuary
- Portering
- Bereavement Services
- The Chaplaincy Department
- Radiology
- Media Resources

Whilst the policy does not specifically relate to the Health Boards primary care contractors, as a UHB wide policy, elements of it may be used as good practice guidance in primary care.

4.0 AIMS AND OBJECTIVES

The policy aims to ensure that the Health Board has appropriate, lawful provision to ensure the dignified and sensitive management and final disposal of all fetal remains. It will also provide concise guidance to the multi-disciplinary team on how to manage other gestational loss including, stillbirth and babies following neonatal death. Essentially, women or couples should be made aware that information on disposal options is available, consulted with, and given the opportunity to express, any personal wishes.

Even though fetal remains of less than 24 weeks that have not shown signs of life are deemed to have no legal personality and fall outside the provisions of the
Births and Deaths Act 1953 to ensure regulatory compliance with the Human Tissue Authority (HTA) the published codes of practice must be adopted.

**DEFINITION**

The management of fetal remains is defined as:

*the storage, transportation and final disposal whilst ensuring regulatory and best practice guidelines have been adhered to.*

It will provide the Board with assurance of safe and lawful practice.

**5.0 KEY RESPONSIBILITIES**

The employees detailed below are responsible for ensuring that fetal remains and other gestational loss are handled appropriately. Where necessary those responsibilities are detailed.

**5.1 UHB Chief Executive**

- The Chief Executive has overall responsibility for ensuring that all measures, outlined in this policy, are implemented safely and respectfully and that the woman / couple’s wishes are considered which is paramount to the overall process.

**5.2 UHB Chief Operating Officer is responsible for ensuring:**

- the implementation of this policy.
- that all staff involved in the management of pregnancy loss are aware of, and are competent in respect to procedures within the policy.
- adequate arrangements are implemented for the safe and respectful disposal, of non-viable fetal remains and products of conception, and for arrangements for stillbirths and neonates.
- incidents relating to inappropriate disposal are correctly and promptly reported and investigated.
- adequate resources are available to operate the policy.
- systems are in place for staff training.

**5.3 Clinical Board Directors of Medicine, Surgery, Children and Women, and Specialist Services are responsible for ensuring:**

- that all relevant medical staff are aware of and adhere to the policy.
- that appropriate documented evidence of patient consent is obtained as required within the policy.
- that all documentation is accurately completed and compliant with the Local Authority requirements.

**5.4 Clinical Board Nurses for Medicine, Surgery, Children & Women, Specialist Services are responsible for ensuring:**

- the woman / couple are provided with adequate information in order to empower them through the entire decision making process.
- they provide support and privacy to the woman / couple.
- they refer and communicate with other departments as appropriate.
provision of information regarding bereavement support.
- they accurately complete all appropriate documentation ensuring compliance with the Local Authority requirements.
- that the unique identifier number is ascertained using the LIMS system and the woman’s details logged accurately onto the database.

5.5 **Clinical Board Director for Clinical Diagnostics and Therapies is responsible for ensuring;**
- the appropriate development and ongoing management of the Service Level Agreement with the Local Authority for the change in service provision.

that Ultrasonographers and Radiographers;
- provide support, early counselling, information and privacy to the woman / couple during and following ultrasound, which detects fetal loss or fetal anomalies.
- accurately complete all appropriate documentation.

that Consultant Pathologists;
- provide advice on histopathology related issues as required.
- carry out histology procedures as stated within the documented consent process.
- ensure adequate arrangements are implemented within Histopathology and the Mortuary for the safe handling and respectful disposal of non-viable fetal remains, products of conception, stillbirths and neonates.

that Laboratory Staff;
- work within the department standard operating procedures.
- carry out histology procedures as stated within the documented consent process.
- ensure safe handling and respectful disposal of non-viable fetal remains and products of conception as stated within the documented consent process.

that Mortuary Staff;
- work within departmental standard operating procedures.
- ensure safe and respectful arrangements for fetus, stillbirth and neonatal deaths as stated within the documentation.
- the fetus <24 weeks gestation are appropriately ‘individually packaged’ and that details checked in the register prior to transfer for cremation at Thornhill crematorium.

5.6 **Senior Nurse Bereavement Services is responsible for;**
- provision of advice and guidance regarding choices following the death of a fetus/ baby for the women /couple /extended family.
- provision of frontline support for the bereaved.
- provision of advice and support to colleagues.
- liaising with colleagues and external stakeholders as appropriate.
6.0 RESOURCES

During the initial implementation phase there will be some costs associated with the change in practice. These are outlined within a separate resource plan.

The changes in practice will include:

- changes in disposal for fetal remains i.e. transfer of services from incineration to cremation
- a robust training and education programme for all UHB staff involved in this service

7.0 TRAINING

In the areas of most usage a robust training programme will need to be prioritised in the implementation phase. Following which an annual update should be provided as part of the annual training/audit programme. A significant resource requirement will be training during the implementation of this policy across the different disciplines in both clinical areas and support services. There will be an on-going training requirement for new staff and this policy should be included at induction to the relevant areas.

Training records should be maintained locally and retraining should be considered in the event of an incident, accident, near-miss, concern or significant change to this policy.

8.0 IMPLEMENTATION

Within each Clinical Board an action plan for implementation will be drawn up by the Quality and Safety leads and agreed with the Clinical Board Directors.

9.0 EQUALITY STATEMENT

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and that we will not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender reassignment, disability, race, age, sexual orientation, disfigurement, religion and belief, family circumstances including marriage and civil partnership. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service delivery standards and our Strategic Equality Plan. We believe that all staff should have fair and equal access to training as highlighted in both the Equality Act 2010 and the 1999 Human Rights Act. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contracts delivering services or undertaking work on behalf of the UHB.

We have undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. We wanted to know of any possible or actual
impact that this policy may have on any groups in respect of their sex, maternity and pregnancy, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact to the equality group’s of sex, pregnancy and maternity, gender reassignment, disability, race, age, sexual orientation, disfigurement, family circumstances including marriage and civil partnership. The assessment found there to be low positive impact in respect of religion or belief. With the implementation of this policy, women from different cultural backgrounds will have the opportunity to manage the fetal remains in accordance with their religious beliefs. It does where laws allow, permit individuals to make choices based on religion or belief. In relation to human rights the assessment identified low positive impact. The implementation of the policy will allow individuals choice not previously given allowing expression of religious or held beliefs.

10.0 AUDIT

Through the Clinical Board Quality, Safety and Experience Committees and the responsibility after implementation is with each Clinical Board. However, the UHB Quality, Safety and Experience committee should receive a formal update as part of each Clinical Board annual update to the UHB committee.

11.0 DISTRIBUTION

This policy and the accompanying procedures will be available on the UHB Internet, Intranet and Clinical Portal.

Where staff do not have access to these resources their line manager must ensure that they are made aware of their responsibilities as appropriate.

12.0 REVIEW

The UHB Board has delegated authority for the review and subsequent approval of this policy to Quality, Safety and Experience Committee. Minor amendments can be made to the accompanying procedures, subject to approval by the appropriate Clinical Board Quality and Safety Sub-committee. All amendments must be recorded centrally and uploaded on the UHB Internet, Intranet and Clinical Portal by the Risk and Governance Department.

This policy and accompanying procedures will be reviewed as appropriate to reflect any changes in guidance or legislation. As a minimum the full document will be reviewed three years after the approval date.
# SECTION TWO OF THE POLICY: SUPPORTING PROCEDURES

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1.0 Introduction
Cardiff and Vale University Health Board’s historical practice for the management of fetal remains, stillbirth and early neonatal death including the products of conception has been –

- for fetal loss of less than 24 weeks gestation and with no evidence of life (including termination of pregnancy and products of conception) – hospital or private arrangements.
- for fetal loss of less than 24 weeks gestation undertaking a post-mortem examination – cremation or private arrangements are available options.
- for a baby of more than 24 weeks gestation and having shown no signs of life, private arrangements or a hospital arranged funeral are available options.
- following a neonatal death – the woman / couple are required to arrange the funeral independently.

This policy will provide information on the management for all gestational loss, but there will be a specific change in practice for non viable fetus. There will still be choice available to the woman /couple and they will be able to independently arrange a private burial or cremation, but the option provided by the Health Board will be that all fetal remains (less than 24 weeks gestation and showing no signs of life) will be cremated at the local Crematorium, in partnership working with the Local Authority; ensuring continuity of care and a robust audit trail.

2.0 Gestational loss of less than 24 weeks
A miscarriage is defined as ‘spontaneous premature expulsion of a fetus from the womb’ (Collins 2006).

Early pregnancy loss may be due to a variety of reasons, including miscarriage and termination of pregnancy. Each patient is treated on an individual basis and any intervention, medical, conservative or surgical, is in line with the woman’s wishes ensuring informed consent.

It is imperative that the woman /couple are provided with choices and that they are informed that they are able to make their own arrangements if this is what they require. Irrespective of the reason for the cessation of the pregnancy, and unless the woman /couple has specifically requested to make private arrangements, all fetal remains will be cremated at Thornhill Crematorium, Cardiff.

If the fetus has died in utero, either naturally or through medical intervention such as selective reduction, it can be said that the pregnancy of that fetus (or fetuses) has ended. In the presence of dating evidence (ultrasound), cases of delayed intrauterine death, vanishing twins, selective multi-fetal pregnancy reduction should all be managed as though the fetus has died before 24 week gestation of pregnancy. A woman presenting with fetus papyraceous, where fetal death must have occurred before the 24 week gestation should also be treated as a miscarriage; see Royal College of Obstetricians and Gynaecologists good practice guidance No 4 (2005).
In exceptional circumstances, when a fetus of gestational age of less than 24 weeks gestation show signs of life, this has to be recorded as a live birth and by law the birth and death must be registered. It is imperative that the ‘baby’ is reviewed by an Obstetrician or Paediatrician whilst they are alive to ensure completion of the necessary paperwork e.g. the medical certificate of cause of death and cremation form 4/5 if cremation if required. If the baby is not reviewed by a medic during this time then it is likely that the death will require Coronial referral.

2.1 Hospital Management
If the woman / couple wish the hospital to take responsibility for disposal of a fetus of less than 24 weeks and having shown no signs of life, then this is by cremation and will be in line with the agreement between Cardiff and Vale UHB and Cardiff Bereavement Services (Local Authority), as detailed in the Service Level Agreement (SLA).

It is critical to reinforce to the woman /couple that the cremation service offered by the UHB involves –

- a shared cremation, therefore there will be other fetal remains cremated at the same time.
- there will be no individual ashes and the ashes following the cremation will be scattered at Thornhill Crematorium.
- a service is conducted by a hospital Chaplain each month. The service includes readings, poems and prayers and the woman /couples /family are welcome to attend if they wish.
- a register will be held by the Health Board of all fetal remains providing traceability thereafter.
- a register will be held by the Local Authority using the unique case number held by the crematorium in order to provide traceability thereafter.

The woman /couple also need to be informed that -

- written agreement is required using the disposal form (see appendix 1). This must be completed by the woman.
- there will possibly be other people attending the service.

Paperwork required:
- Draft Multiple Certificate / Application for Cremation of Foetal Remains (see appendix 3).
- Disposal arrangements form (see appendix 1).

2.2 Own Funeral Arrangements Using a Funeral Director
If the woman / couple decide to organise their own funeral, this can be arranged with the help of a Funeral Director. Most Funeral Directors do not charge for their services but some do, so the woman /couple must be informed of this.

Paperwork required:
- Certificate of Medical Practitioner in Respect of Foetal Remains (see appendix 2).
2.3 **Own Funeral Arrangements Without Using a Funeral Director**

The woman /couple are also able to arrange a funeral without using a Funeral Director. If they decide on this option they need to consider the practicalities, i.e. transferring the fetus etc. Further advice and guidance can be sought from;

- Cardiff Bereavement Services Tel: 029 20544820.
- Senior Nurse Bereavement Services Tel: 029 20744949.
- The Mortuary Staff Tel: 029 20744269.

**Paperwork required:**

- Certificate of Medical Practitioner in Respect of Foetal Remains (see appendix 2).
- Disposal arrangements form (see appendix 1).

The Death Notification Proforma must be completed prior to transfer to the mortuary.

2.4 **Undecided Option**

Some woman / couples may need time to make a decision regarding the disposal of fetal remains. The decision can be temporarily deferred for six weeks, at which point a member of the UHB team will contact the woman / couple. If this option is decided upon it is essential that this information is communicated to the Senior Nurse Bereavement Services and is clearly documented on the disposal form.

After 6 weeks, the Senior Nurse Bereavement Services or nominated colleague will phone the woman to ascertain a decision. If unable to obtain this, the Senior Nurse Bereavement Services or nominated deputy will contact the legal department at the UHB to discuss the individual case and seek advice. It is imperative that all actions are documented in the maternity notes and a decision made by 8 weeks.

During this period the fetus would be cared for at the mortuary and will remain there until a decision has been made.

**Paperwork required:**

- Certificate of Medical Practitioner in Respect of Foetal Remains (see appendix 2).
- Disposal arrangements form (see appendix 1)

The Death Notification Proforma must be completed prior to transfer to the mortuary.
3.0 STILLBIRTH

Stillbirth is defined as;

"a baby delivered with no signs of life known to have died after 24 completed weeks of pregnancy" (CEMACH 2007).

Stillbirth is common with 1:200 babies born dead (SANDS 2009) with more than 30% of stillbirths occurring following 37 weeks gestation (SANDS 2012).

3.1 Hospital Funeral Arrangements for a Stillbirth

If the hospital is to arrange the funeral this can be either cremation or burial and is arranged through the hospital contract Funeral Director. It is an individual, simple, service. The woman /couple must contact the Senior Nurse Bereavement Services or nominated colleague to arrange this.

A burial is possible at the baby section at either Thornhill or Western cemetery at Ely, in an unpurchased grave and the following are included;

- A small, white coffin
- A minister (if required)
- An estate car
- The services of the Funeral Director
- A grave within the baby section if burial has been agreed or at the Muslim section at Western Cemetery Ely if required. Adult graves are not included if the hospital arrange the funeral
- If cremation and ashes are to be returned to the women / couple a cardboard scatter tube is included within the arrangements.

Note: Flowers, hearses etc are not included.

Paperwork Required

- Funeral arrangements form (see appendix 4).
- Certificate of Stillbirth (see appendix 5).
- Medical Certificate of Stillbirth (see appendix 6).

The Death Notification Proforma must be completed prior to transfer to the mortuary.

3.2 Own Funeral Arrangements Using a Funeral Director

If the woman / couple decide to organise their own funeral, this can be arranged with the help of a Funeral Director. Most Funeral Directors do not charge for their services but some do so the woman / couple must be made aware of this.

Paperwork Required

- Funeral arrangements form (see appendix 4).
- Certificate of Stillbirth (see appendix 5).
- Medical Certificate of Stillbirth (see appendix 6).
The Death Notification Proforma must be completed prior to transfer to the mortuary.

3.3 **Own Funeral Arrangements Without Using a Funeral Director**

The woman /couple are also able to arrange a funeral without using a Funeral Director. If the women / couple decide on this option they need to consider the practicalities, i.e. transferring the baby etc.

Advice and guidance can be sought from:
- Cardiff Bereavement Services Tel: 029 20544820.
- Senior Nurse Bereavement Services Tel: 029 20744949.
- The Mortuary Staff Tel: 029 20744269.

**Paperwork Required**
- Funeral arrangements form (see appendix 4).
- Certificate of Stillbirth (see appendix 5).
- Medical Certificate of Stillbirth (see appendix 6).

The Death Notification Proforma must be completed prior to transfer to the mortuary.

3.4 **Undecided Option**

Some woman / couples may need time to make a decision regarding their baby’s funeral. The decision can be temporarily deferred for six weeks, at which point a member of the UHB team will contact the woman / couple. If this option is decided upon it is essential that this information is communicated to the Senior Nurse Bereavement Services and is clearly documented on the funeral arrangements form.

After 6 weeks, the Senior Nurse Bereavement Services or nominated colleague will phone the woman to ascertain a decision. If unable to obtain this, the Senior Nurse Bereavement Services or nominated deputy will contact the legal department at the UHB to discuss the individual case and seek advice. It is imperative that all actions are documented in the maternity notes and a decision made by 8 weeks.

During this period the baby will be cared for at the mortuary and will remain there until a decision has been made.

**Paperwork Required**
- Funeral arrangements form (see appendix 4).
- Certificate of Stillbirth (see appendix 5).
- Medical Certificate of Stillbirth (see appendix 6).
The Death Notification Proforma must be completed prior to transfer to the mortuary.

4.0 NEONATAL DEATH

4.1 Own Funeral Arrangements Using a Funeral Director

If the woman / couple decide to organise their own funeral, this can be arranged with the help of a Funeral Director. Most Funeral Directors do not charge for their services but some do so the woman / couple must be made aware of this.

Paperwork Required
- Funeral arrangements form (see appendix 7).
- Medicate Certificate of Cause of Death— to be completed by a doctor involved in the care of the baby. Two certificates available; one for a baby of less than 28 days of age (appendix 8) and another for a baby of more than 28 days of age (appendix 9).
- Cremation form 4/5 (see appendix 10) – must be completed by a doctor involved in the care of the baby. The doctor is also required to examine the baby following death; this can be facilitated at the mortuary if the baby has left the Neonatal Unit. For further guidance and advice contact the Bereavement Office Tel: 029 20742789 or the Mortuary Staff Tel 029 20744269.

The Death Notification Proforma must be completed prior to transfer to the mortuary.

4.2 Own Funeral Arrangements Without Using a Funeral Director

The woman / couple are also able to arrange a funeral without using a Funeral Director. If the women / couple decide on this option they need to consider the practicalities, i.e. transferring the baby etc.

Advice and guidance can be sought from;
- The Natural Death Centre http://www.naturaldeath.org.uk/ Tel: 01962 712 690.
- Cardiff Bereavement Services Tel: 029 20544820.
- Senior Nurse Bereavement Services Tel: 029 20744949.
- The Mortuary Staff Tel: 029 20744269.

Paperwork Required
- Funeral arrangements form (see appendix 7).
- Medicate Certificate of Cause of Death— to be completed by a doctor involved in the care of the baby. Two certificates available; one for a baby of less than 28 days of age (appendix 8) and another for a baby of more than 28 days of age (appendix 9).
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The Death Notification Proforma must be completed prior to transfer to the mortuary.

4.3 Undecided Option

Some woman / couples may need time to make a decision regarding their baby’s funeral. The decision can be temporarily deferred for six weeks, at which point a member of the UHB team will contact the woman / couple. If this is option is decided upon it is essential that this information is communicated to the Senior Nurse Bereavement Services and is clearly documented on the funeral arrangements form.

After 6 weeks, the Senior Nurse Bereavement Services or nominated colleague will phone the woman to ascertain a decision. The Health Board is required to obtain a decision by 8 weeks. If unable to obtain this, the Senior Nurse Bereavement Services or nominated deputy will contact the legal department at the UHB to discuss the individual case and seek advice. All these actions MUST be documented in the case notes.

During this period the baby will be cared for at the mortuary and will remain there until a decision has been made.

Paperwork Required

- Funeral arrangements form (see appendix 7).
- Medicate Certificate of Cause of Death – to be completed by a doctor involved in the care of the baby. Two certificates available; one for a baby of less than 28 days of age (appendix 8) and another for a baby of more than 28 days of age (appendix 9).
- Cremation form 4/5 (see appendix 10) – must be completed by a doctor involved in the care of the baby. The doctor is also required to examine the baby following death; this can be facilitated at the mortuary if the baby has left the Neonatal Unit. For further guidance and advice contact the Bereavement Office Tel: 029 20742789 or the Mortuary Staff Tel: 029 20744269.

The Death Notification Proforma must be completed prior to transfer to the mortuary.

5.0 A Hospital Post-Mortem Examination for a Fetus of Less than 24 Weeks Gestation

5.1 Communication

- Inform the staff at the Fetal Pathology Unit of the potential post-mortem examination.
- If there are any specific queries they should be addressed with the staff at the Fetal Pathology Unit or one of the Paediatric Pathologists.
5.2 Hospital Post-Mortem Examination at the Fetal Pathology Unit
A sensitive discussion is required with the woman /couple following the death of their fetus regarding the potential of a hospital post-mortem examination. This can be a limited, external or a full examination, but obviously potential finding could be limited dependent upon the extent of the examination. The woman /couple should be provided with impartial, objective information delivered in a sensitive and empathetic way ensuring their beliefs and values are adhered too (Heazell et al 2012).

Guidance should be sought from the woman / couple regarding appropriate timings e.g. if the pregnancy is to end due to fetal anomalies they may wish to have a conversation prior to the delivery.

There is a hospital guide to the post-mortem examination of a fetus, baby or child that should be offered to the woman / couple prior to taking consent and any questions asked, appropriately answered.

Consent must be sought by a member of staff who is appropriately trained and whose details are held on the database. This information is accessible via Cellular Pathology Tel: 029 20744277.

5.3 Paperwork required
- A post-mortem examination consent form (see appendix 11).
- Request for fetal, perinatal or infant post-mortem examination form (see appendix 12).
- Chain of custody form (see appendix 13).

6.0 A Hospital Post Mortem Examination Following a Stillbirth or Neonatal Death
If a baby is more than 24 weeks gestation, their examination will take place in the mortuary.

6.1 Communication
- Inform the Paediatric Pathologist’s Secretary of the pending post-mortem examination.
- If there are any specific queries they should be addressed with one of the Paediatric Pathologists.

6.2 Hospital Post-Mortem Examination at the Mortuary
A sensitive discussion is required with the woman /couple following the death of their baby regarding the potential of a hospital post-mortem examination. This can be a limited, external or a full examination, but obviously potential finding could be limited dependent upon the extent of the examination. The woman /couple should be provided with impartial, objective information delivered in a sensitive and empathetic way ensuring their beliefs and values are adhered too (Heazell et al 2012).
Guidance should be sought from the woman / couple regarding appropriate timings e.g. if the pregnancy is to end due to fetal anomalies they may wish to have a conversation prior to the delivery.

There is a guide to the post-mortem examination of a fetus, baby or child that should be offered to the woman / couple prior to taking consent and any questions asked appropriately answered.

Consent must be sought by a member of staff who is appropriately trained and whose details are held on the database. This information is accessible via Cellular Pathology Tel: 029 20744277.

6.3 Paperwork Required
- A post-mortem examination consent form (see appendix 11).
- Request for fetal, perinatal or infant post-mortem examination form (see appendix 12).

7.0 Management of Mementoes
It is essential that the woman / couple are allowed time and privacy with their fetus / baby if they wish, and they should be supported through their decisions. The staff caring for the woman should ensure that;

- accurate identification bands are applied to the fetus /baby, including both the mother and father’s names if they are not married and the sex of the fetus /baby if known.
- the fetus / baby’s weight and length is recorded.
- where possible, a lock of hair can be taken with verbal consent. This should be clearly documented in the midwifery notes.
- they offer a memory box and blanket and provide SANDS information leaflets – if required.
- they offer to contact a relevant Minister, if required. The hospital Chaplaincy team are contactable 24/7 as they provide an on call service. This can be for spiritual as well as religious support.
- an inscription can be completed in the memorial book in the Sanctuary on B5 if the woman /couple wish (see appendix 15).
- they offer printed hand and foot prints along with a memory book if required.
- the woman /couple are aware that photos can be taken by themselves if this is their wish.
- if possible the opportunity to have photographs taken by Media Resources is offered. If required a request for clinical photography / video form must be completed. Photographs can be taken on the unit and also at the mortuary. If photographs are to be taken at the mortuary you will need to liaise with colleagues at the mortuary Tel: 029 20744269 and also Media Resources (see appendix 14).

The Death Notification Proforma must be completed prior to transfer to the mortuary.
When the woman / couple are ready, the baby should be transferred to the Mortuary by the porter, accompanied by a staff member. This can be for example, a midwife or midwifery care assistant.

Once transferred to the Mortuary the baby must not be transferred back to the unit / ward unless in exceptional circumstances. This must be discussed and agreed with the Mortuary staff Tel: 029 20744269.

8.0 Burial on Private Land
There is no legal prohibition affecting the burial on private land, provided that;
- the owner of the land gives permission, for example in the case of rented property.
- there is no interference with any rights that others may have over the land. If the property is mortgaged, it may be prudent to inform the mortgage company before the burial takes place as it may affect the resale of the property. It may also be prudent to consult the appropriate authority if the property is in a conservation area.
- that no danger is caused to others, for example, through pollution of ground water, surface water or water courses, or by body fluids leaking into or onto adjoining land.
- the body is buried at an appropriate depth.
- the fetus / baby must be buried in a bio degradable 'container'.
- In the case of a neonatal death, parents who wish to bury their baby themselves must notify the Registrar of Births, Deaths and Marriages of the death and place of burial within 96 hours (Schott et al. 2007).

If the woman / couple decide on this option, it is imperative that discussions take place, particularly around any potential future house moves, to ensure they make an informed decision.
REFERENCES


Preventing Babies' Deaths -what needs to be done (SANDS 2012).


Royal College of Obstetricians and Gynaecologists (2005) *Disposal following pregnancy loss before 24 weeks*.


### APPENDICES

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</tbody>
</table>
APPENDIX 1: DISPOSAL FORM FOR < 24 WEEKS GESTATION

CONSENT FOR DISPOSAL OF FETAL REMAINS

PLEASE CHOOSE ONE OPTION ONLY

OPTION 1: HOSPITAL ARRANGEMENTS
I wish the Health Board to accept responsibility – I understand this will be by communal cremation with other fetal remains
Signature of patient ___________________________ Print name ___________________________

OPTION 2: OWN ARRANGEMENTS
I accept responsibility for making the arrangements
Signature of patient ___________________________ Print name ___________________________

OPTION 3: UNDECIDED
I am undecided about the arrangements and agree to contact the Health Board as soon as I have decided. I understand that after 6 weeks, if I have not made a decision, a member of staff from the Health Board will contact me.
Signature of patient ___________________________ Print name ___________________________

Signed by: Nurse / Midwife / Doctor ___________________________
Print name ___________________________ Date form completed ___________________________

Tick as appropriate YES NO COMMENTS
Post-mortem examination taking place
Senior Nurse Bereavement Services informed (Tel: 029 20744949)
I would like the Senior Nurse Bereavement Services, to contact me with a follow up call
Health Board information leaflet offered

Version 1
APPENDIX 2: CERTIFICATE OF MEDICAL PRACTITIONER IN RESPECT OF FOETAL REMAINS

Certificate of Medical Practitioner in Respect of Foetal Remains

I hereby certify that I have examined the foetal remains of (mother’s name)

of (address)

delivered on …………………….. (date) at ………………… a.m./p.m.
of …………… weeks gestation, and that at no time was there any sign of life.

I have no reason to suspect that the duration of the pregnancy was shortened by violence, poison, or any other unlawful act, and I know of no reason why any further examination or enquiry should be made.

Signature …………………………………………………

PRINT name ……………………………………………

Date …………………………………………………

Address………………………………………………………………………………

…………………………………………………………………………………………

Telephone Number (office hours) ……………………………

Registered Qualifications ………………………………………

CARDIFF and Vale University Health Board

A Policy for the Management of Fetal Remains, Stillbirth and Neonatal Death Version 1
November 2013
APPENDIX 4: FUNERAL ARRANGEMENTS FORM FOLLOWING A STILLBIRTH

FUNERAL ARRANGEMENTS FORM FOLLOWING A STILLBIRTH

PLEASE CHOOSE ONE OPTION ONLY

OPTION 1: OWN ARRANGEMENTS
I accept responsibility for making the funeral arrangements
Signature of patient ___________________________ Print name ___________________________

OPTION 2: HOSPITAL ARRANGEMENTS
I wish the UHB make arrangements for the funeral (tick as appropriate)
I understand I will have to meet with the Senior Nurse Bereavement Services to arrange this.
Cremation ☐ Burial ☐
Signature of patient ___________________________ Print name ___________________________

OPTION 3: UNDECIDED
I am undecided about the arrangements and agree to contact the Health Board as soon as I have decided. I understand that after 6 weeks, if I have not made a decision, a member of staff from the Health Board will contact me.
Signature of patient ___________________________ Print name ___________________________

Signed by: Nurse / Midwife / Doctor ___________________________
Print name ___________________________ Date form completed __________________________

Tick as appropriate YES NO COMMENTS

<table>
<thead>
<tr>
<th>Post-mortem examination taking place</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Nurse Bereavement Services informed (Tel: 029 20744949)</td>
<td>YES</td>
<td>NO</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>I would like the Senior Nurse Bereavement Services, to contact me with a follow up call</td>
<td>YES</td>
<td>NO</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>Health Board information leaflet offered</td>
<td>YES</td>
<td>NO</td>
<td>COMMENTS</td>
</tr>
</tbody>
</table>

Version 1
Certificate of stillbirth

Part 1 The stillborn child

Full name of child or description

Sex

- Male
- Female

Date of stillbirth

Part 2 Certificate 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

Registered qualifications

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

Signed

Dated

Regulation 20(1)(c)(ii) of the Cremation (England and Wales) Regulations 2008
APPENDIX 6: MEDICAL CERTIFICATE OF STILLBIRTH

MEDICAL CERTIFICATE OF STILL-BIRTH
TYSTYSGRIF FEDDYGOL UN MARW-ANEDIG

Cardiff and Vale University Health Board

To be given only in respect of a child whose birth took place after the 24th week of pregnancy and which did not at any time after being completely expelled from the mother's body remain alive for 1 hour or until the child was begun to be drawn or to expire, as the case may be.

Sample copy

Printed by Her Majesty's Stationery Office

Registered at Drury Lane.

APPENDIX 6: MEDICAL CERTIFICATE OF STILLBIRTH

A Policy for the Management of Fetal Remains, Version 1
Stillbirth and Neonatal Death

November 2013

Page 28 of 39
APPENDIX 7: FUNERAL ARRANGEMENTS FORM FOLLOWING A NEONATAL DEATH

FUNERAL ARRANGEMENTS FORM FOLLOWING A NEONATAL DEATH

PLEASE CHOOSE ONE OPTION ONLY

OPTION 1: OWN ARRANGEMENTS

I accept responsibility for making the funeral arrangements

Signature of patient ___________________________ Print name ___________________________

OPTION 2: UNDECIDED

I am undecided about the arrangements and agree to contact the Health Board as soon as I have decided. I understand that after 6 weeks, if I have not made a decision, a member of staff from the Health Board will contact me.

Signature of patient ___________________________ Print name ___________________________

Signed by: Nurse / Midwife / Doctor ___________________________

Print name ___________________________ Date form completed ___________________________

Tick as appropriate | YES | NO | COMMENTS
--- | --- | --- | ---
Post-mortem examination taking place | | | |
Senior Nurse Bereavement Services informed (Tel: 029 20744949) | | | |
I would like the Senior Nurse Bereavement Services, to contact me with a follow up call | | | |
Health Board information leaflet offered | | | |
### APPENDIX 8: MEDICAL CERTIFICATE OF CAUSE OF DEATH FOR LESS THAN 28 DAYS OF LIFE

#### Sample Copy

**MEDICAL CERTIFICATE OF CAUSE OF DEATH FOR LESS THAN 28 DAYS OF LIFE**

<table>
<thead>
<tr>
<th>Certification Authority</th>
<th>Certification Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address</td>
<td>Name and Address</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Sex</td>
<td>Sex</td>
</tr>
<tr>
<td>Date of Death</td>
<td>Date of Death</td>
</tr>
<tr>
<td>Place of Death</td>
<td>Place of Death</td>
</tr>
</tbody>
</table>

#### Cause of Death

<table>
<thead>
<tr>
<th>Description</th>
<th>Cause</th>
<th>Other Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Notice to Informant

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Signature

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**NOTE:** The above is a sample copy and should be completed by the appropriate medical professional.
APPENDIX 10: CREMATION FORM 4/5

Statutory medical forms 4 & 5 to be used in place of forms B & C for cremations from 1st January 2009.

Any questions regarding the completion of these forms should be addressed to:

The Medical Referee
Cardiff Crematorium
Thornhill Road
Llanishen
Cardiff
CF14 9UA

Tel: 029 2062 3294
Fax: 029 2069 2904
Email: thornhillreception@cardiff.gov.uk
www.cardiff.gov.uk
APPENDIX 11: CONSENT FORM FOR A POST-MORTEM EXAMINATION OF A FETUS, BABY OR CHILD

Consent Form for a Post-Mortem Examination of a Fetus, Baby or Child
APPENDIX 12: REQUEST FOR FETAL, PERINATAL OR INFANT POST MORTEM EXAMINATION

Paediatric Pathology Service for Wales
Department of Pathology, University Hospital of Wales, Heath Park, Cardiff CF14 4XW
Professor Gordon Vajdic, Professor of Paediatric Pathology, 029 2074 4810, vajdicg@cf.ac.uk
Dr Ed Lande, Senior Lecturer in Paediatric Pathology, 029 2074 4810, lande@cf.ac.uk
Paediatric Pathology Seminary
Tel: 029 2074 4200
Fax: 029 2074 4949

Request for fetal, perinatal or infant post mortem examination

Please complete all relevant sections of this form to ensure appropriate examination and avoid delay.

Form completed by

Name: .......................................................... Signature: ..........................................................
Hospital/tel no./bleep no.: ..........................................................

Mother details

Address/telephone

Name: ..........................................................
Address: ..........................................................
Tel: ...........................
Hospital No.: ........................... Date of Birth: ............................

Date of delivery: ..........................................................
Consultant: referring hospital & ward: .............................

Infection risk

This is required information. See "Safe working and the prevention of infection in the mortuary and post-mortem room", HSE, 2003.

Is there any danger of infection (HIV, viral hepatitis, TB, etc) from the baby or placenta?  Y / N

Specify: ........................................................................................................

Any special points of interest?

Mother's medical history

Past obstetric history

Date; gestation; weight; details of pregnancy, labour and delivery
**Details of current pregnancy**

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>LMP</th>
<th>EDD</th>
<th>Gest (by dates)</th>
<th>Gest (by scan)</th>
</tr>
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<tbody>
<tr>
<td>Non-viable fetus</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Spontaneous miscarriage</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrauterine death</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Termination</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Fetal anomaly? Y / N

**Please give full details & US findings (attach copy of report)**

- Amniocentesis? Y / N
- Thrombocytopenia? Y / N
- Poly / oligohydramnios? Y / N
- Maternal pyrexia? Y / N
- Hypertension or PE? Y / N
- Glycosuria / diabetes? Y / N
- Antepartum haemorrhage? Y / N
- IUGR? Y / N
- Other problems? Y / N

**Labour & delivery**

- Last evidence of fetal life
- Date & time
- Duration of:
  - First stage
  - Second stage
- rupture of membranes
- Date & time
- Liquor: Normal / Meconium / Blood / Poly / Oligo
- Labour: Spontaneous / induced
- Way:
- Presentation: Vertex / breech / other
- Delivery: Spontaneous / forceps / ventouse / EICS / EmCS
- Indication for operative delivery
- Fetal distress Y / N
- Doubtful:
- Other complications:

**Fetus / infant details**

- Birth wt
- Sex
- Gest
- Apgar 1 min
- Resuscitation?
  - 2 min
  - Other

**Congenital anomalies**

**Neonatal course**

Brief summary of major problems, investigations and treatment

**Suspected cause(s) of death**
APPENDIX 13: FETAL PATHOLOGY UNIT TRANSFER CHAIN OF CUSTODY FORM

Cardiff and Vale University Health Board

Fetal Pathology Unit Tissue Transfer Chain of Custody Form

Box 1 Name of Mother (Addressograph)
Surname .................................................................
Forename ...............................................................  
Hospital Number ....................................................
Address .....................................................................
..............................................................................
..............................................................................
Date of Birth ..........................................................

Box 2
Date of transfer ..................................................
Specimen type .......................................................  
Referring Hospital / Ward .............................
Fax Number ............................................................

PART A.
Signature of consigner (Cardiff and Vale UHB) ...........................................
Print name ................................................................
Date ................................................................. Time ............................................

PART B.
Signature of transport driver / porter ......................................................
Print name ................................................................
Date ................................................................. Time ............................................

PART C.
Signature of consignee (FPU, UHW) ......................................................
Print name ................................................................
Date ................................................................. Time ............................................

The completed form will be faxed to the number included in Box 2.

MANAGEMENT FORM
APPENDIX 14: MEDIA RESOURCES CONSENT FORM

MEDIA RESOURCES CENTRE

REQUEST FOR CLINICAL PHOTOGRAPHY/VIDEO
Re-order this form by phoning x3305 at UWJ

Patient details (ADDRESS) [REORDER]

Hospital number: ___________________________ D.O.B.: ___________________________
Surname: ___________________________ Sex: ___________________________
First names: ___________________________

Walking [ ], Chair [ ], Bed [ ], Theatre: [ ]

Consultant (NAME IN FULL): ___________________________
Ward/Dept: ___________________________ Tel: ___________________________

Requirements: [ ] Digital files for teaching [ ] Prints for case-notes [ ] Video

Diagnosis: ___________________________
Areas to be photographed and/or instructions (PLEASE PRINT) ___________________________

Patient consent to be obtained by clinician

I consent to photograph(s)/video recording(s) being taken for my personal medical case-notes only.
Patient’s signature ___________________________ Date ___________________________

I consent to photograph(s)/video recording(s) being taken for my personal medical case-notes and being used for teaching of medical, dental, nursing and healthcare staff and students in the UK and abroad.
The patient has the right to withdraw their consent at any time by contacting the Media Resources Centre at University Hospital of Wales.
Patient’s signature ___________________________ Date ___________________________

I consent to my photograph(s)/video recording(s) being published in an open access journal, textbook or other form of medical publication (which may include the internet), and therefore may be seen by the general public as well as medical professionals.
Although the patient has the right to withdraw consent it is not possible to withdraw published material.
Patient’s signature ___________________________ Date ___________________________

Full name and signature of medical practitioner requesting illustrations and obtaining consent.

Name (PLEASE PRINT) ___________________________
Position (IF OTHER THAN CONSULTANT) ___________________________
Signature ___________________________ Date ___________________________
Form for the addition of a name or a baby for inclusion in the University Hospital Memorial Book

Name of Child: ..................................................................................................

Sex M/F: ...........................................................................................................

Date of birth: ..................................................................................................

Date of death: ..................................................................................................

Additional inscription:

..................................................................................................................
..................................................................................................................
..................................................................................................................
..................................................................................................................
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..................................................................................................................
..................................................................................................................

Your name and address: ..............................................................................
..................................................................................................................
..................................................................................................................
..................................................................................................................
..................................................................................................................

Please return this form to: Chaplaincy Department, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW.

(There is no charge)
APPENDIX 16: PAPERWORK FLOWCHART

FLOWCHART FOR PAPERWORK OF DIFFERENT GESTATIONS

- **Fetus of < 24 weeks gestation showing no signs of life** (HOSPITAL CREMATION ONLY)
  - Disposal Form - Appendix 1
  - Application / Certificate of Medical Practitioner – Appendix 3

- **Fetus of < 24 weeks gestation showing no signs of life**
  - Disposal Form - Appendix 1

- **Stillbirth – more than 24 weeks gestation**
  - Funeral Arrangements Form – Appendix 4
  - Certificate of Medical Practitioner – Appendix 2
  - Medical Certificate of Stillbirth – Appendix 6

- **Neonatal death – born having shown signs of life**
  - Funeral Arrangements Form - Appendix 7
  - Medical Certificate of Cause of Death – Appendix 8 or 9
  - Cremation Form if required - Appendix 10

- **Hospital Post- Mortem Examination**
  - Consent for post mortem form- Appendix 11
  - Request form for Post Mortem - Appendix 12

- **Miscellaneous**
  - Consent Form Media Resources - Appendix 14
  - Memorial Sheet – Appendix 15