Directorate of Chief Medical Officer
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Dear Colleague

Revised Guidance on the Disposal of Pregnancy Loss Up To And Including 23 Weeks and 6 Days Gestation

Purpose

1. Following Lord Bonomy's Infant Cremation Commission Report, the attached Guidance updates and replaces the CMO and CNO Guidance on the Disposal of Pregnancy Loss correspondence SGHD/CMO(2012)7, as issued 19 July 2012.

Background

2. These revisions take account of the recommendations within Lord Bonomy's Infant Cremation Commission Report, particularly Section 9, and additional work which has been undertaken so far by the National Committee on Infant Cremation. The Commission's Report is available here: http://www.scotland.gov.uk/Publications/2014/06/8342/0
Information on the work of the National Committee on Infant Cremation is available here: http://www.gov.scot/Topics/Health/Policy/BurialsCremation/NCIC

Key Points to Note

3. Some of the underlying principles to this guidance include:

- Organisations and institutions will maximise the recovery of ashes from cremation, if that is the chosen method, whatever the period of gestation.
- Ashes, are defined as "all that is left in the cremator at the end of the cremation process and following the removal of any metal", irrespective of their composition.
- Arrangements relating to any hospital arranged infant cremation or burial must be set out in a contract/be agreed in writing between the Health Board, funeral director, cremation and/or burial authority as relevant.
- Records must be accurate, clear, accessible and maintained electronically wherever possible.

**From the Chief Medical Officer
and Chief Nursing Officer**

**Dr Catherine Calderwood
and
Professor Fiona McQueen**

17 April 2015

SGHD/CMO(2015)7

For Action
Chief Executives, NHS Boards
Directors of Nursing , NHS Boards
Heads of Midwifery, NHS Boards
Medical Directors, NHS Boards
Consultant Obstetricians and Gynaecologists
Consultant Pathologists
Bereavement Co-ordinators of Health Boards

For Information
Royal College of Nursing
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Royal College of Pathologists
Scottish Pathology Network
Association of Anatomical Pathology Technology Chairs, NHS Boards
Directors of Public Health, NHS Boards
NHS Board Primary Care Leads
Institute of Cemetery and Cremation Managers
Federation of Burial and Cremation Management
National Association of Funeral Directors
National Society of Allied and Independent Funeral Directors
British Medical Association
Independent hospitals
COPFS to cascade to Forensic Pathologists

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- Care should be patient centred, with the appropriate information provided in an accessible form as required.
- Relevant staff must be provided with the required information to provide the required support to the women who have experienced a pregnancy loss and to their families.

We will keep you informed as these principles and education and training materials are developed through the work of the National Committee on Infant Cremation progresses.

Key Changes to earlier Guidance

4. The main changes to the original 2012 Guidance are:

- The disposal option chosen by the woman who has experienced the pregnancy loss (or the decision to decline discussion) must be authorised in writing by the woman who has experienced the pregnancy loss from a clearly displayed list of available options, in order that the principle of *informed choice,* as well as the authorisation itself, is clear.

- Pregnancy losses must be retained for a minimum of one week and a maximum of six weeks, from the date of the loss.

- The preferred public-facing term for collective disposal in a crematorium is 'shared cremation'.

- A designated contact point for patient queries and/or – in particular – to discuss any change to previously agreed arrangements within the first week of the loss, should be provided on all patient facing leaflets and documents.

- The responsibility for maintaining a record of the disposal rests with the NHS Board and this record should be retained for a minimum of 50 years. It is important to note that crematoria and burial authorities will keep records of cremations and burials indefinitely.

- Any documentation signed by, and leaflets available to, the woman who has experienced the pregnancy loss should clearly advise that no ashes will be available for collection following a shared cremation, as these will be the ashes of more than one pregnancy loss. Any such ashes that may result from this collective cremation process will be respectfully scattered or buried within the crematorium's designated area.

- **Note:** Whilst not directly applicable to this Guidance it should additionally be noted that any documentation, such as leaflets, used by the NHS in respect of *individual* cremations of pre-24 week pregnancy losses, stillbirths, neo-natal or older infant deaths should always make clear that ashes may be available from the crematorium.

Future Guidance

5. A high level Code of Practice, applicable to all sectors and organisations involved in infant cremations, will be published shortly, with which this revised Guidance is already aligned. Additionally, it is anticipated that a separate Guidance in respect of individual infant cremations arranged by the NHS will be issued later this year via the work of the National Committee, although no date for this has as yet been established.

INVESTOR IN PEOPLE

Actions to Take

6. Chief Executives of NHS Health Boards should designate a lead responsible for this area of service. The lead individual in each Health Board will be the point of contact to update, exchange and disseminate information from the work of the National Committee on Infant Cremation and examples of good practice. The lead individual should make links to other related networks in the Health Board such as the Implementation network for Certification of Death (Scotland) Act 2011 and the Bereavement Co-ordinators. The names of these individuals should be provided to Alison Kerr at alison.kerr@scotland.gsi.gov.uk Monday 1 June 2015.

7. Chief Executives of NHS Health Boards should also ensure that any necessary revisions to documentation and procedures are taken as soon as is possible, as well as ensuring staff awareness of these, to ensure that the minimum standards - as set out within the attached revised Guidance and its Annexes – continue to be met.

8. Health Boards will be expected to undertake an audit of the implementation of the guidance in a year following this letter and report back to the Scottish Government.

Yours sincerely

DR CATHERINE CALDERWOOD **PROFESSOR FIONA McQUEEN**

REVISED GUIDANCE ON THE DISPOSAL OF PREGNANCY LOSSES UP TO AND INCLUDING 23 WEEKS AND 6 DAYS GESTATION

1. This document updates and replaces the CMO and CNO Guidance issued in July 2012 ('Guidance on the Disposal of Pregnancy Losses up to and Including 23 Weeks and 6 Days Gestation'), which replaced the guidance given in SOHHD / DGM (1992) 4 ("Sensitive Disposal of Fetuses and Fetal Tissue following Termination of Pregnancy").

2. This guidance refers to disposal of all pregnancy loss up to and including twenty-three weeks and six days gestation, irrespective of cause or origin, where no signs of life have been detected following the loss, and whether or not fetal tissue can be identified.

3. This guidance does not refer to, or change, current procedures for the disposal of stillbirths occurring from twenty-four weeks and zero days gestation, nor does it change current procedures for the disposal of placentae where the fetus is separately identifiable, or live births prior to 23 weeks and 6 days gestation.

4. In recognition of the sensitivity around early pregnancy loss[1],[2] disposal of any pregnancy loss by way of incineration or clinical waste is no longer acceptable. This does not include slides or blocks of tissue considered to part of the medical records of the patient. (See: http://www.gov.scot/Resource/Doc/366562/0124804.pdf). **Note:** In some instances there may be a delay due to examination of some of the tissue and in other circumstances there may not be any tissue left following examination.

5. This document outlines the minimum standard expected for the disposal by NHS Boards of all pregnancy losses, where the woman:

    a) expresses a wish for the NHS Board to dispose of the pregnancy loss, or
    b) declines or is unable to express any wish regarding disposal

    It is of course recognised that women have the right to make alternative personal arrangements.

6. **Minimum standard for disposal**: The minimum standard is collective disposal in a crematorium. In circumstances where such disposal is not available, disposal by collective burial is acceptable. In either situation, "collective" is defined as a number of individual pregnancy losses, in individual sealed containers, collected together into a larger sealed container (see Annex E).

7. **Authorisation and opting out**:

    a) Information on all available options for disposal should be explained and made available to all women who experience pregnancy loss. Notes on drafting an information leaflet are contained within Annex B.

[1] See RCOG Good Practice Guideline No 5 (2005);
[2] SANDS Pregnancy Loss and the death of a baby (2007);

b) It is important that the disposal option that is chosen, or the decision to decline to discuss any option, should be authorised in writing by the woman who has experienced the pregnancy loss, or by an appropriate representative if she is incapacitated, within a minimum period of one week and maximum of 6 weeks. This should be done from a written list of all available disposal options, in order that the principle of *informed choice,* as well as the consent itself, is valid and clear. It should be clear to everyone concerned that reminders will not be sent.

c) The woman who has experienced the pregnancy loss should be offered a copy of her signed authorisation. An example of wording, which could be used as part of a consent form for a procedure or could be used as a stand-alone form, is at Annex C.

d) Women who have experienced pregnancy losses may decline disposal by the NHS Board in favour of making their own burial or cremation arrangements. In this case, the pregnancy loss should be stored and made available for collection by the woman or her agent. Such a decision must be recorded in the woman's clinical records.

e) Where a woman who has experienced the pregnancy loss wishes, for reasons of religious, ethical, or cultural preference, or for other reasons, to make alternative arrangements for disposal of the pregnancy loss, it is appropriate for the NHS Board concerned to offer advice and assistance. Costs incurred in any alternative arrangement will normally be the responsibility of the woman who has experienced the pregnancy loss. Indicative costs should be made available at point of decision.

f) Where authorisation for disposal, or declaration by a woman who has experienced the pregnancy loss that she wishes to make alternative arrangements, has not been received six weeks from the date of pregnancy loss, the NHS Board responsible for the woman's care at the time of the loss should, as a matter of good practice, proceed to make arrangements for disposal. Such an outcome must be recorded in the woman's notes. **Note:** Arrangements during particular circumstances, such as a pandemic, will be clarified following future legislation.

8. **Confidentiality**: In any communication with regard to collective disposal, to organisations out with NHSScotland (such as crematoria), Boards should only identify a pregnancy loss by a unique disposal number, allocated for this purpose. Patient details, including Community Health Index Number, may not be shared out with NHSScotland without express permission from the patient.

9. **Audit**: The responsibility for maintaining a record of the disposal rests with the NHS Board and this record should be retained for **a minimum** of 50 years. NHS Boards should develop clear processes for the management and retention of this record within their own local record management systems and in line with Scottish Government guidelines on record management and with the terms of the Data Protection Act 1988 and the Abortion Act 1967. A recommended data set for the NHS record is outlined in Annex D. A suggested form of application for collective cremation of pregnancy losses, agreed with the Institute of

Cemetery and Crematorium Management, is included as Annex F. A similar form may be used for collective burials.

10. **Timescales**: The pregnancy loss should be retained for a minimum of seven calendar days following authorisation for shared cremation by the woman, to allow for any change of mind. After this minimum retention period, the disposal of a pregnancy loss should take place within 6 weeks of the loss, to align with the arrangements in 7f) above.

11. Contact

    a) Arrangements should be in place at each hospital for on-going contact with families, particularly the woman who has experienced the pregnancy loss, where that contact is necessary.

    b) The NHS Board should ensure all patient leaflets and forms to be retained by the woman who has experienced the pregnancy loss and/or next of kin contain a designated contact point for any queries they may have.

12. Sensitivity:

    a) In all matters relating to the disposal of pregnancy loss it should be remembered that this is a highly sensitive issue. Language used in communicating with women who have experienced the pregnancy losses and their families should reflect this.

    b) Whilst ‘collective disposal at a crematorium’ remains the most accurate description, the term ‘shared cremation’ should appear in all patient / public facing leaflets and documentation.

    c) Arrangements should be in place to provide, or signpost to, appropriate support.

13. Supporting documents:

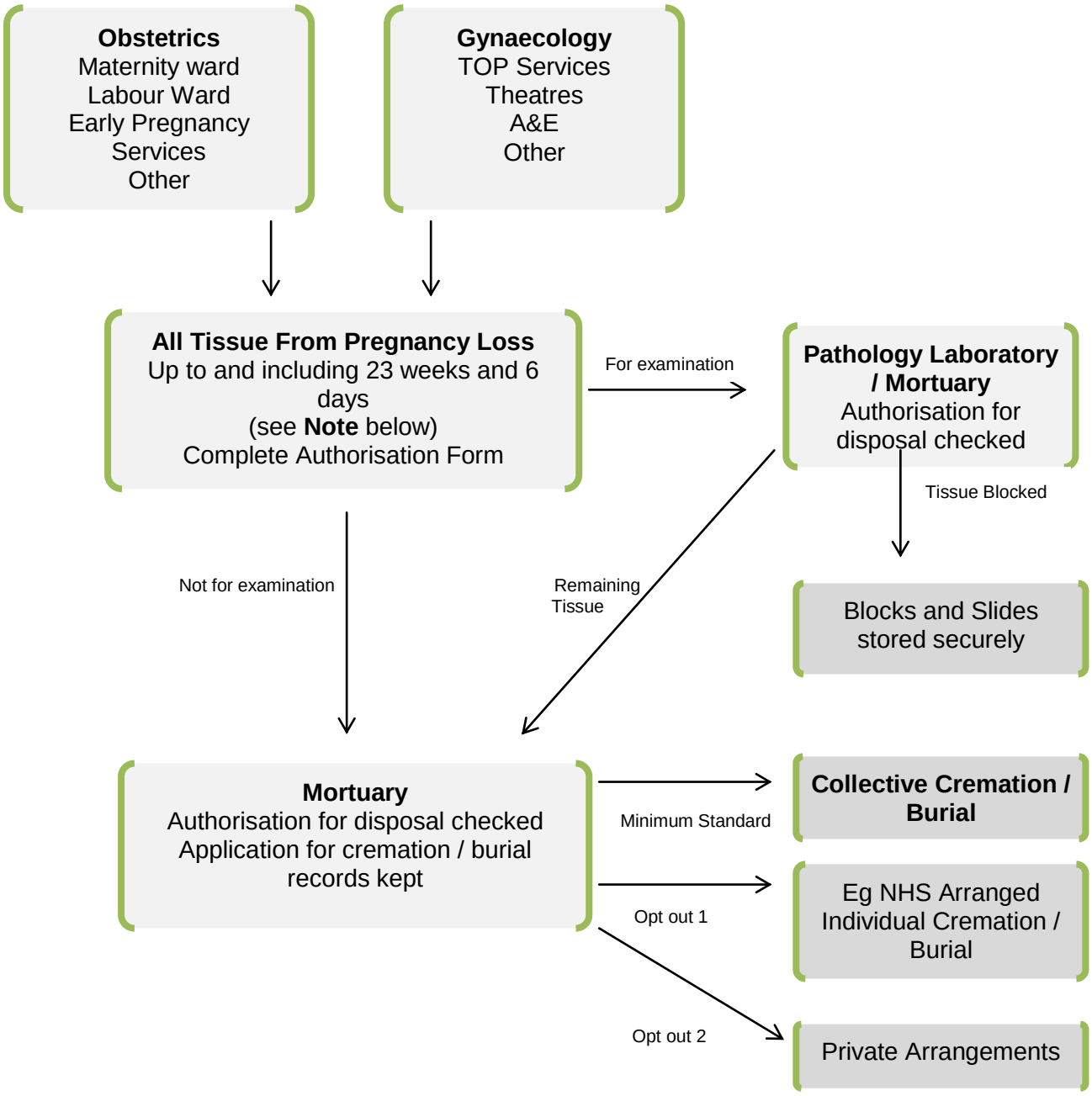
    Annex A: Outline flowchart for decision making process
    Annex B: Notes to aid development of local leaflets.
    Annex C: Suggested wording for authorisation
    Annex D: Recommended minimal data set for future audits
    Annex E: Notes on packing and transportation of pregnancy losses
    Annex F: Suggested application form for cremation of pregnancy losses

Annexes accompany this guidance for information and advice only

ANNEX A

FLOW CHART

Disposal of Pregnancy Loss



Note: 'All tissue from pregnancy loss' encompasses miscarriage, termination of pregnancy and ectopic pregnancy. Where the fetus is separately identifiable from the placenta, the placenta is not included.

ANNEX B

NOTES ON DRAFTING NHS BOARD INFORMATION LEAFLET FOR PATIENTS

NOTE: This is for guidance only. Each Board will require to develop its own leaflets. Because of sensitivity of language, Boards are advised to develop two leaflets, one for women having terminations and one for miscarriages. All leaflets should be subject to the Board's own guidance on drafting and style. Examples are available from Boards currently using this system, such as NHS Ayrshire and Arran and NHS Tayside

Heading	Notes	Example
Title	The title should be sensitive	*Arrangements following the loss of your pregnancy*
Introduction	A clear statement of purpose	*The aim of this leaflet is to provide you with information about what happens to your baby. We use the term Pregnancy Loss to refer to losses at any stage from conception until 23 weeks and 6 days. After 24 weeks gestation different procedures are required by law.*
	The leaflet should ideally refer to national guidance.	*The policy of NHS XXX complies with the national guidelines for the sensitive disposal of pregnancy loss.*
What happens?	Some simple basic description of the procedure. Note that some crematoria will not wish you to say where and when this takes place as they may not wish families to attend	*The pregnancy loss will be placed in a small individual box x. It will be looked after in the mortuary and then be taken to a local crematorium or burial ground along with other pregnancy losses, each in their own container. These will be respectfully cremated or buried together.*
Respect and sensitivity?	Reassurance about dignity is important	*Although a number of containers are transported and cremated together, be assured that each one is handled throughout the process with respect and dignity.*
Will there be any ashes?	It is important to clearly advise that no ashes will be available for collection following a collective cremation [as these will be the ashes of more than one pregnancy loss]. Any such ashes that may result from this collective cremation process will be respectfully scattered or buried within the crematorium's designated area.	*There are no individual ashes available for collection from this process. Where any shared ashes exist after the cremation, they will be respectfully scattered or buried within the crematorium's designated area. Families can then contact the crematoria for local information.*

Is there a charge?		*No. NHS XXX will pay for this service*
Can I go to the crematorium?	This will be by local arrangement. Some crematoria will allow and some will not. There is no point in attending unless there is to be some form of committal. If parents can attend, be clear on who will inform them as to when the committal will be and/or if there is to be any delay for pathology. There may be a local memorial garden	*You may wish to be present at the crematorium for the committal/service. If you would like to attend, please tell the midwife or healthcare provider who is looking after you within XX hours/days.* *Sometimes there is a delay before cremation, for example, if you have agreed to tests or an examination of your baby. A midwife / a funeral director / our bereavement office will contact you to confirm the date and time of the cremation.* *There is not a service at the crematorium, but there is a children's memorial garden which you can visit at any time.*
Can I make my own arrangements?	The option to opt out is very important and might be actively encouraged for older gestations Although in these circumstances many funeral directors and crematoria offer their services for free or at significantly reduced prices, this cannot be guaranteed. Unless the health board is meetings all costs there may be a cost to the family.	***Yes.*** *You may wish to make alternative arrangements. These arrangements would need to be made privately. This private arrangement may be more appropriate to your needs, depending on the stage of your pregnancy.* *Private arrangements will ensure you have the type of service, cremation or burial that you prefer. To do this, you should contact a funeral director after discussion with your midwife or health care provider.* *Please be aware that you would have to pay any costs. The costs can vary considerably between funeral directors and will depend on the arrangements and type of service you request. Your midwife or healthcare provider can advise indicative costs only.*
What if I cannot make a decision or do not wish to make a decision?	The guidance has a default clause that where there is no decision the Board should dispose of the loss after 6 weeks	*You will understand that we cannot keep pregnancy loss in the mortuary indefinitely. If you have not indicated your choice to us after six weeks the NHS guidance allows us to make the decision and to arrange for your pregnancy loss to be taken to the crematorium.*
What if I change my mind? Who do I contact?	Must include a clear contact point for anyone who wishes further information or – in particular - wishes eg to change their decision within the 7 day initial retention period.	*If you wish to make a change to your original agreement then contact [insert name] on [insert tel or email] within the week. You can also use this contact for any other queries you may have about these NHS arrangements.*

ANNEX C

Authorisation for shared cremation following pregnancy loss

Addressograph label

PATIENT / WOMAN TO COMPLETE EITHER SECTION A OR SECTION B

SECTION A

The available options are:

a) Free of charge NHS arranged shared cremation/burial

[insert here any other available options. Note: Any options other than a) may require additional forms which are not covered by this Guidance.]

- From the above options, I give authorisation for my pregnancy loss to be disposed of by the hospital in accordance with option **a)** above Yes / No

If you selected 'No', please circle to indicate if you:

1) have not yet decided,

or

2) wish to take your pregnancy loss out of the hospital or instruct a funeral director to do so on your behalf [release form below to be signed]

- I understand that if I change my mind I must contact the hospital within 7 calendar days Yes / No

- I understand that where any shared ashes exist after the cremation, they will be respectfully scattered or buried within the crematorium's designated area Yes / No

Signature of the woman…….....

Date Signed …….....

Witness Signature…….

Witness name (Block Capitals) …….

Designation……

Copy of form for case notes
Copy for woman to take away
Copy for pathology / mortuary

RELEASE OF PREGNANCY LOSS TO THE WOMAN

(If Making Own Arrangements)

I would like to take my pregnancy loss home following my discharge from the unit.

[Note: further paperwork may be required, for example to acknowledge health and safety issues.]

Ward……..

Name…….

Hospital number……..……..

Address…….

……

Signature of the woman……

Name of the Consultant……..……

Witness Signature…….

Witness name (Block Capitals) …….

Date…….....

Copy of form for case notes
Copy for woman to take away
Copy for pathology / mortuary

SECTION B:

The available options are:

a) Free of charge NHS arranged shared cremation/burial

[insert here any other available options. Note: Any options other than a) may require additional forms which are not covered by this Guidance.]

I have declined to discuss this matter and recognise that
the hospital will proceed according to their standard procedure which is option **a)** above.

Signature of the woman……....

Date Signed ……....

Witness Signature……

Witness name (Block Capitals) ……

Designation……

Copy of form for case notes
Copy for woman to take away
Copy for pathology / mortuary

ANNEX D

Recommended Dataset

These data items are for use within NHSScotland only.

A unique disposal number, generated in the Hospital Mortuary or elsewhere, should be used to identify the pregnancy loss to any external bodies, such as funeral directors and crematoria in order to protect sensitive data and preserve anonymity. No other data should be shared.

Traceability for parents in any subsequent enquiry would be through NHS records. To support this, the data should be held for a minimum of 50 years**. Note:** Records will be held indefinitely by the crematoria and burial authorities about cremations and burials

Scottish Government guidance on collective disposal states that each pregnancy loss should be placed in a separate container, and these small containers may then be placed together in a large container for collective disposal.

Patient Information:	Woman's name: CHI of woman Gestational age of pregnancy loss Date of procedure/delivery Consultant: / Midwife:
Authorisation	Name of person taking authorisation Date of authorisation Nature of authorisation: ▪ Collective disposal ▪ Own arrangements ▪ Declined to specify
Disposal Information:	Date received into mortuary Type of Disposal: ▪ Collective disposal at crematorium ▪ Collective burial ▪ Individual disposal at crematorium ▪ Individual burial ▪ Removed by woman Name of applicant for cremation / burial Date of application for cremation / burial Date left mortuary

Collected by:

- Funeral Director (Name and Company)
- Designated member of staff (Name and Designation)
- Woman or agent

Identifiers:

Unique disposal number (to be clearly marked on the small container and used in application for disposal)

Large container number (to be clearly marked on large container and used in application for disposal)

ANNEX E

Packing and Transport

Arrangements for packaging and transport of pregnancy losses to the mortuary or pathology laboratories should follow local guidance, which should ensure that the pregnancy loss is at all times handled with dignity and respect.

Following surgical termination, where the pregnancy loss is contained within an evacuation vessel, such a vessel must be of a material which is acceptable to the crematorium. For transport and disposal, the evacuation vessel should be placed within a suitable opaque container. There is no requirement to separate tissue from other fluids.

Following all other losses, the pregnancy loss should be wrapped and sealed according to local policy, and placed in an opaque container, ensuring that any material used is acceptable to the crematorium.

Each pregnancy loss should be labelled according to local policy with the name, address and CHI number of the woman.

When disposal has been agreed, individual containers should then be allocated a unique disposal number for disposal, and be placed within a larger container for collective disposal. The numbers in each container should be agreed with the local Cremation and Burial authorities.

The large container should be securely sealed and labelled with an identifying code. **No identifiable information should be visible.** Again all material used must meet the requirements of the crematorium.

Transport to the crematorium should be carried out in a discreet and dignified fashion, either by a funeral director or by hospital transport.

All pregnancy losses should be handled with dignity, care and respect.

ANNEX F

Example of Application for Disposal of Pregnancy Loss at Crematorium[3]

This application must be signed by the person authorised by the Medical Director of the NHS Board to make an application for cremation. The pregnancy loss must only be identified by the hospital/clinic disposal number*.

This form must be completed fully. Please note that incomplete information may cause a delay in disposal.

I (name of applicant).....

(position).....…… NHS Board…….....

as the authorised and designated person, declare that I hold paperwork relating to each of the pregnancy losses listed below, signed by the patient / woman and signed by the medical practitioner/registered nurse/registered midwife whose name is shown, and that the paperwork includes a declaration that the pregnancy loss was of a gestation up to and including 23 weeks and 6 days and that the pregnancy loss showed no signs of life.

I hereby apply to [insert crematorium name] crematorium to dispose of the following pregnancy losses:

Large container number:		Date sealed:
Identifying Number *	Date of Delivery	Name of medical practitioner / registered nurse / midwife whose signature appears on the NHS declaration

* Note this is NOT the woman's CHI number or NHS number but a number generated by the NHS Board which identifies the appropriate records held by the NHS.

I DECLARE that all the information given in this application is correct, that no material particular has been omitted and that authorisation for the disposal has been obtained as in Scottish Government Guidance dated 2012.

Signature of Applicant…….....Date.....

Designation of Signatory…….....…….....……

NHS Board: ……..……

Address: …….....……..…….....

……..…..…..Post Code: ……..…….

[3] Developed in consultation between the Institute of Cemetery and Crematorium Management and the Scottish Government Public Health Directorate.