

## Response

1. Please provide copies of all current versions (currently handed to patients or in use by clinical staff) of the following documents where available:

a. Consent forms for patients for all kinds of procedures related to the following types of pregnancy loss: miscarriage (for example, manual vacuum aspiration or medical miscarriage), termination for fetal anomaly, and stillbirth;

Consent forms are the standard NHS consent form

b. Advice sheets and leaflets provided to patients for the following types of pregnancy loss: all types of miscarriage, termination for fetal anomaly, and stillbirth;

All our information leaflets regarding miscarriage are provided by the miscarriage association.

<http://www.miscarriageassociation.org.uk/information/leaflets/>

c. Consent forms concerning retention and disposal of fetal tissue and remains following pregnancy loss (e.g. all types of miscarriage, termination for fetal anomaly, stillbirth);

Current iteration of consent form attached.

d. Advice sheets and leaflets concerning retention and disposal of fetal tissue and remains following pregnancy loss (e.g. all types of miscarriage, termination for fetal anomaly, stillbirth);

None in addition to above

e. Trust or staff policy/clinical guideline on informing patients who experienced pregnancy loss on the disposal of fetal tissue and remains, including any scripts or guidance on advice/information staff must provide.

None in addition to above

2. Has the Trust's policy/clinical guideline on the disposal of pregnancy remains changed after the publication of the HTA Guidance on the disposal of pregnancy remains following pregnancy loss or termination in March 2015? If yes, please provide details of these changes. You may also provide copies of previous versions of the policy/guidelines.

Since April 2015 the hospital has moved from respectful incineration to burial, with women also being given the option to make their own burial/cremation arrangements or to bury themselves as per the consent form. The current Policy is still in draft format as it is contained within

### Options for examination and disposal of placenta following pregnancy loss

#### 1. Consenting to full or a limited post mortem

- To include cytogenetics 24 weeks onwards for IUD's as recommended by the obstetrician. Consent to be taken using PM consent process until further notice.
- state on consent form what parents' wishes are regarding the disposal of the placenta i.e to be disposed of after examination by incineration or returned to be buried or cremated with the baby

#### 2. External or limited examination of baby + full examination of placenta

- External examination of baby plus full examination of placenta with cytogenetics 24 weeks onwards as recommended by the obstetrician.
- state on consent form what parents' wishes are regarding the disposal of the placenta i.e to be disposed of after examination by incineration or returned to be buried or cremated with the baby

#### 3. No post-mortem consent for baby or placenta any gestation Ascertain the following;

- Do the parents want the placenta to stay with the baby and be buried or cremated with it.?
- Do they want it returned to them?
- Can it be disposed of by incineration by the histology department?
- Record discussion in maternal notes and document on path form and for pre 24wk losses, the funeral arrangements form.
- If clause E termination remember to state nature of abnormality on the placental histology requisition form and path form

## Request

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