Paperwork required in cases of Neonatal Death and Stillbirth for both the Registrar of Births and Funeral Directors (GL879)

Approval

<table>
<thead>
<tr>
<th>Approval Group</th>
<th>Job Title, Chair of Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity &amp; Children's Services Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>5th January 2018</td>
</tr>
</tbody>
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Change History

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<td></td>
<td>Jane Siddall, Lesley Carline</td>
<td>Trust requirement</td>
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<tr>
<td>2.0</td>
<td>March 2011</td>
<td>Jane Siddall, Julie Jones</td>
<td>Reviewed</td>
</tr>
<tr>
<td>3.0</td>
<td>November 2013</td>
<td>Jane Siddall, Kate Flack</td>
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</tr>
<tr>
<td>3.1</td>
<td>November 2015</td>
<td>J Siddall (Consultant Obstetrician), K Flack (Bereavement MW)</td>
<td>Reviewed – additions on pg 2 and App 1 updated</td>
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<td>J Siddall (Consultant Obstetrician), A Wood-Blagrove (Bereavement MW)</td>
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<td>October 2017</td>
<td>A Wood-Blagrove (Bereavement MW)</td>
<td>NIPE actions added pg 3</td>
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<tr>
<td>4.0</td>
<td>January 2018</td>
<td>A Wood (Bereavement MW)</td>
<td>Reviewed – SANDS consent forms updated</td>
</tr>
</tbody>
</table>
**Overview:** Parents are usually very distressed at the loss of their baby. Our responsibility is to complete all the paperwork correctly, and in a timely fashion, such that parents are not subjected to the additional distress that can be caused by our failure to complete the required certification accurately at the outset.

**Certificates for the Registrar of Births, Marriages & Deaths**

The paperwork will depend upon the gestation at which the neonate was born and whether it showed any signs of life;

- Any baby born with any signs of life, at any gestation has to be registered as a live birth. When the baby dies, a Neonatal Death Certificate (yellow book) has to be issued. Death certificates can only be completed by qualified doctors, and the doctor should if at all possible, have seen the baby before it died.
- If a liveborn baby dies before any doctor sees it, the case must be discussed with the Coroner. The doctor on duty at the time of the death must make this call on the first working day, as soon as the Coroner’s Office opens. Usually the Coroner takes a pragmatic view and allows a certificate to be issued with an addendum that the case has already been discussed.
- In a few cases of twin or higher order multiple pregnancy; there may be a ‘fetus papyraceus (a mummified fetus of less than three months’ gestation) identified in the membranes. Please speak to the Coroner: this should not require issuing of certificates but his office needs to know.
- A twin who dies in utero a few days or weeks before delivery should always be discussed with the Coroner. The best estimate of gestation when the fetus dies must be available to discuss with him. If it was after 24 weeks, a stillbirth certificate is likely to be required to be issued.
- Babies born without signs of life after 24 weeks are classified as stillbirths. A Stillbirth Certificate (blue book) can be issued by a qualified doctor or midwife.
- Babies born without signs of life before 24 weeks are not classified as stillbirths, therefore a birth, death or stillbirth certificate does not need to be issued.

**Notification of possible Serious Incident**

- All intrapartum losses must be emailed to the Clinical Risk manager and lead obstetrician for risk and copied to Director of Midwifery and the Clinical Director Maternity Services immediately. The mother’s initials and M number should be included, along with a brief synopsis of events. The duty consultant or unit co-ordinator will draft a timeline for presentation to the Exec, required within 48 hours of the event.
- A clinical incident form should also be generated
Paperwork for Funeral Directors

- Any liveborn baby who subsequently dies cannot be cremated without Form 4 being completed. This is a two part form that requires certification by two doctors as to the cause of death. The first part of the form should be filled in at the same time that the Neonatal Death Certificate is completed by the issuing doctor.

- The second part of Form 4 has to be completed by a second doctor who should have seen the baby. The doctor must have been qualified for at least five years. If a post mortem is to be carried out, this is usually filled in by the pathologist. Otherwise, it can be filled in by a doctor from the Coroners Office in the Mortuary here at the RBH following discussion with the doctor who issued the death certificate.

- Babies born without signs of life and at less than 24 weeks gestation can be cremated without these forms being completed.

- Form 4 is not required for burials, regardless of the gestation but if parents are unsure whether they want their baby buried or cremated, please fill in Form 4 when issuing the Neonatal Death Certificate.

Hospital paperwork

Please ensure that you complete the required documentation contained within the prepared packs that are used when caring for parents experiencing the loss of a baby.

Ensure that the baby is removed from the NIPE SMART database. This can be done by marking the baby as deceased on the baby’s record. Anyone with a NIPE SMART log in can perform this function.
# Post mortem consent form

Your wishes about the post mortem examination of your baby

<table>
<thead>
<tr>
<th>Author</th>
<th>Amy Wood</th>
<th>Date</th>
<th>February 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td>Bereavement Specialist midwife</td>
<td>Review Date</td>
<td>January 2020</td>
</tr>
<tr>
<td>Policy Lead</td>
<td>Director Urgent Care Group</td>
<td>Version</td>
<td>V3.0 ratified 2/2/18 Mat CG mtg</td>
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<td>Version</td>
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</tr>
</tbody>
</table>

This document is valid only on date last printed
Appendix 1 – Post mortem consent form

Maternity – Post mortem consent form

Your wishes about the post mortem examination of your baby

<table>
<thead>
<tr>
<th>Mother</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td>Last name</td>
</tr>
<tr>
<td>First name(s)</td>
<td>First name(s)</td>
</tr>
<tr>
<td>Address</td>
<td>Date of birth</td>
</tr>
<tr>
<td></td>
<td>Date of death (if live born)</td>
</tr>
<tr>
<td>Hospital no.</td>
<td>Hospital no.</td>
</tr>
<tr>
<td>NHS no.</td>
<td>NHS no.</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Gender (if known)</td>
</tr>
<tr>
<td>Consultant</td>
<td>Consultant</td>
</tr>
<tr>
<td>Father/Partner with parental responsibility</td>
<td>Address (if different from the mother’s)</td>
</tr>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>First name(s)</td>
<td></td>
</tr>
</tbody>
</table>

Preferred parent to contact, tel. no.:

Other, e.g. religion, language, interpreter: .................................................................
........................................................................................................................................

How to fill in this form:

- Please show what you agree to by writing YES in the relevant boxes. Write NO where you do not agree.
- Record any variations, exceptions and special concerns in the Notes to the relevant section or in Section 5.
- Sign and date the form. The person taking consent will also sign and date it.

Changing your mind

After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.

If you want to change your mind, you must contact:

[Name, department] .................................................. [Tel.] ........................................
before [time] .......................... on [day] .......................... [date] ..........................

Contact details given to parents: Yes/ No

<table>
<thead>
<tr>
<th>Author:</th>
<th>Amy Wood</th>
<th>Date: February 2018</th>
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</thead>
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Page 2 of 6
Appendix 1 – Post mortem consent form

Maternity – Post mortem consent form

Please be assured that your baby will always be treated with care and respect.

Section 1: Your decisions about a post mortem examination Select one of these 3 options.

A complete post mortem This gives you the most information. It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking X-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

☐ I / We agree to a complete post mortem examination.

OR

A limited post mortem This is likely to give less information than a complete post mortem.

A limited post mortem includes an external examination, examining the internal organs in the area(s) of the body that you agree to, examining small samples of tissue under a microscope, and taking X-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

☐ I / We agree to a limited post mortem examination.

Please indicate what can be examined:

☐ Abdomen ☐ Chest and neck ☐ Head ☐ Other .......................

OR

An external post mortem This may not give any new information.

An external post mortem includes a careful examination of the outside of the baby’s body, x-rays and medical photographs. The placenta may also be examined.

☐ I / We agree to an external post mortem examination.

Section 2: Tissue samples Only if you consent to a complete or limited post mortem

With your agreement, the tissue samples taken for examination under a microscope will be kept as part of the medical record (in small wax blocks and on glass slides). This is so that they can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

☐ I / We agree to the tissue samples being kept as part of the medical record for possible re-examination. If consent is not given, you must note below what should be done with the tissue samples. See Section 8 Item 6 for more information.

Notes to Sections 1 and 2 if required .................................................................................................................................

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

Section 3: Genetic testing

<table>
<thead>
<tr>
<th>Author</th>
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Hospital no. ........................................ Page 3 of 6

This document is valid only on date last printed

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Appendix 1 – Post mortem consent form

Maternity – Post mortem consent form

To examine the baby's chromosomes or DNA for a possible genetic disorder or condition, the pathologist takes small samples of skin, other tissue and/or samples from the placenta (afterbirth). With your agreement, this material will be kept as part of the medical record so that it can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

I / We agree to genetic testing of samples of skin, other tissue and/or the placenta.
   If samples should not be taken from any of these, please note this below.

I / We agree to the genetic material being kept as part of the medical record for possible re-examination. See Section 8 Item 6 for more information.

Notes to Section 3 if required .....................................................................................................................

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

Section 4: Keeping tissue samples for training professionals and for research

Section 4 covers additional separate consent that you may decide to give. It will not affect what you have already agreed to above, what is done during the post mortem, or the information you get about your baby's condition, but it may be helpful for others in the future.

With your agreement, the tissue samples may also be examined for quality assurance and audit of pathology services to ensure that high standards are maintained.

I / We agree to the tissue samples being kept and used for quality assurance and audit.

Tissue samples, medical images and other information from the post mortem can be important for training health professionals. Identifying details are always removed when items are used for training.

I / We agree to anonymised tissue samples, images and other relevant information from the post mortem being kept and used for professional training.

Tissue samples, medical images and other relevant information from the post mortem can also be useful in research into different conditions and to try to prevent more deaths in the future. All research must be approved by a Research Ethics Committee.

I / We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.

You can withdraw consent for any of the above at any time in the future. To do so, please contact the hospital and ask for the histopathology department.
Appendix 1 – Post mortem consent form

Maternity – Post mortem consent form

Section 5: Any other requests or concerns

Consent for incineration of placenta

☐ I / We give consent for incineration of the placenta following examination

Section 6: Parental consent

☐ I / We have been offered written information about post mortems.

☐ I / We understand the possible benefits of a post mortem.

☐ My / Our questions about post mortems have been answered.

Mother’s name ........................................ Signature ........................................

Father’s/Partner’s/Witness name ........................................ Signature ........................................

Date ........................................ Time ........................................

Section 7: Consent taker’s statements To be completed and signed in front of the parents.

☐ I have read the written information offered to the parents.

☐ I believe that the parent(s) has/have sufficient understanding of a post mortem and (if applicable) the options for what should be done with tissue and organs to give valid consent.

☐ I have recorded any variations, exceptions and special concerns.

☐ I have checked the form and made sure that there is no missing or conflicting information.

☐ I have explained the time period within which parents can withdraw or change consent, and have entered the necessary information at the beginning of this form.

Name ........................................ Position/Grade ........................................

Department ........................................ Contact details (Ext/Bleep) ............./.......

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

Interpreter’s statement (if relevant)

☐ I have interpreted the information about the post mortem for the parent(s) to the best of my ability and I believe that they understand it.

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

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

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Appendix 1 – Post mortem consent form

Maternity – Post mortem consent form

Section 8: Notes for the consent taker

1. ‘Anyone seeking consent for hospital PM examinations should have relevant experience and a good understanding of the procedure. They should have been trained in dealing with bereavement and in the purpose and procedures of PM examinations and they should have witnessed a PM examination’ (Human Tissue Authority, Code of Practice 3, 2009).

2. Written information about post mortems should be offered to all parents before you discuss the form with them.

3. If the parents have a specific request that you are not sure about, contact the pathologist before the form is completed.

4. Make sure that an appropriate time and date are entered in the Changing your mind section at the beginning of the form and the parent understand what to do if they change their minds. The post mortem should not begin unless this section is completed. It is your responsibility to ensure that, if the parent(s) change their minds, they will be able to contact the person or department entered on this form. If the parents do not want a copy of the form, they should still be given written information about changing their minds.

5. Write the mother’s or the baby’s hospital number in the box at the foot of each page of the form. For a baby who was born dead at any gestation use the mother’s hospital number, for a baby who was born alive use the baby’s hospital number.

6. Sections 2 and 3: Tissue samples and genetic material If the parents do not want tissue samples or genetic material kept as part of the medical record, explain the different options for disposal (below) and note their decisions in the relevant section.

   If disposal is requested, it will usually take place only after the full post mortem report has been completed. The options are: disposal by a specialist hospital contractor; release to a funeral director of the parents’ choice for burial; or release to the parents themselves. For health and safety reasons, blocks and slides cannot be cremated. Genetic material is normally incinerated.

7. Send the completed form to the relevant pathology department, offer a copy to the parent(s), and put a copy into the mother’s (for a stillbirth or miscarriage) or the baby’s (for a neonatal death) medical record.

8. Record in the clinical notes that a discussion about the post mortem examination has taken place, the outcome, and any additional important information.

9. Possible further examination of one or more organs Very rarely, it may be recommended that an organ is kept for more detailed examination after the baby is released from the mortuary. In this case, the form Consent to further examination of organs for diagnostic purposes should be completed, as well as this form.

   - **If you already know that this is recommended**, discuss it with the parents and also explain how it might affect funeral arrangements. If they consent, complete the form Consent to further examination of organs for diagnostic purposes now, and staple the two forms together. Record the consent in the Notes to Sections 1 and 2 on this form.

   - **If the pathologist recommends further examination after the post mortem has begun**, they will contact you or the unit. The parents should then be contacted as soon as possible to discuss their wishes and to explain how keeping the organ might affect funeral arrangements. If they consent, the form Consent to further examination of organs for diagnostic purposes should be completed and copies distributed as above. A note should be added to the medical record that consent was given, including how it was given (face-to-face, email, fax etc.).

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
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<tr>
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Hospital no. Post mortem consent form Page 6 of 6

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<th>Author: Amy Wood</th>
<th>Date: January 2018</th>
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<tbody>
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</table>

This document is valid only on date last printed Page 9 of 11
Appendix 2 – Consent to further examination

Consent to further examination of organs for diagnostic purposes

<table>
<thead>
<tr>
<th>Mother</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td>Last name</td>
</tr>
<tr>
<td>First name(s)</td>
<td>First name(s)</td>
</tr>
<tr>
<td>Address</td>
<td>Date of birth</td>
</tr>
<tr>
<td>Date of death (if liveborn)</td>
<td></td>
</tr>
<tr>
<td>Hospital no.</td>
<td>Hospital no.</td>
</tr>
<tr>
<td>NHS no.</td>
<td>NHS no.</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Gender (if known)</td>
</tr>
<tr>
<td>Consultant</td>
<td>Consultant</td>
</tr>
</tbody>
</table>

Please show what you agree to by writing YES in the relevant boxes. Write NO where you do not agree. Note any variations, exceptions and special requirements in the Notes space below.

The doctors have recommended that one or more of your baby’s organs should be examined in greater detail to try to find out more about why your baby died. This is likely to take some weeks and so could affect the timing of your baby’s funeral.

☐ I / We agree to further detailed examination of the organ(s) specified below:

☐ Any organ

☐ The following organ(s) ............................................................

If you agree to further examination, you also need to decide what should be done with the organ(s) after the examination:

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

☐ I / We want the organ(s) returned to the RBH/funeral director we appoint for separate cremation or burial.

☐ I / We consent to the retention of organs by the hospital for research, audit, quality control or teaching

☐ I / We want to delay the funeral until the organ(s) have been returned to my/our baby’s body.

If you agree to donate one or more organ(s), they will be respectfully cremated as required by the Human Tissue Authority when they are no longer needed. If you change your mind about this donation at any time in the future, and want to withdraw your consent, please contact the hospital and ask for the histopathology department.

Author: Amy Wood
Job Title: Bereavement Midwife
Date: February 2018
Review Date: February 2020
Policy Lead: Director Urgent Care Group
Version: V3.0 ratified 2/2/18 Mat CG mtg
Location: Policy hub/ Clinical/ Maternity/ Stationery/ Bereavement

Hospital no. ........................................ Consent to further examination of organ(s)
Appendix 2 – Consent to further examination

Maternity – Consent to further examination for diagnostic purposes

Notes if required ..........................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................

Parent(s)

Mother’s name ........................................... Signature .................................................................
Father’s/Partner’s name .............................. Signature .................................................................
Date ............................................................ Time ...........................................................
If the parent(s) have not signed this form, how was consent obtained and documented?
.................................................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................

Consent taker

Name ................................................................ Position/Grade...........................................................
Department ................................................ Contact details (Ext/Bleep)...........................................
Signature ................................................... Date ................................ Time ................................

Interpreter (if relevant)

Name ................................................................ Contact details............................................................
Signature ................................................... Date ................................ Time ................................

Notes for the consent taker

This form should only be used if it is recommended that one or more organs are kept for further examination or
for a specialist’s opinion beyond the time when the baby will be released from the mortuary.

It is important that the parents understand the purpose and benefits of further examination and why this would
take longer, and are given the opportunity to ask questions. They should also understand the choices they can
make about what should be done with the organ(s) after the examination.

If the parents are not present to sign the form, they can give their consent, for example, over the phone, by
email or by fax.

Insert the mother’s or the baby’s hospital number in the space at the foot of this page. For a baby who was born
dead at any gestation, use the mother’s hospital number; for a baby who was born alive use the baby’s hospital
number.

Once consent has been given and the form completed, send the top copy to the relevant pathology department,
offer to give or send a copy to the parent(s), and put a copy into the mother’s (for a stillbirth or miscarriage) or
the baby’s (for a neonatal death) medical record. Note in the medical record that consent was discussed and
given and explain briefly how consent was given.

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