Acknowledgements

This publication was reviewed and updated by Michael Nevill and Victoria Heppell, RCN Women's Health Forum Committee members.

Notes

It is recognised that care may be provided by registered nurses and midwives, health care support workers, assistant practitioners, nursing associates and student nurses and midwives, and trainee nursing associates. For ease of reading, the generic terms 'nurse', 'nursing' and 'nurses' are used throughout this document, unless specified.

The RCN recognises and embraces our gender diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender, or gender fluid.

The RCN also recognises that not all those born female, or male will identify with the same gender nouns, but for ease of reading use the term woman/man and where appropriate acknowledge non-binary terms.

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources,

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1. Introduction

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

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

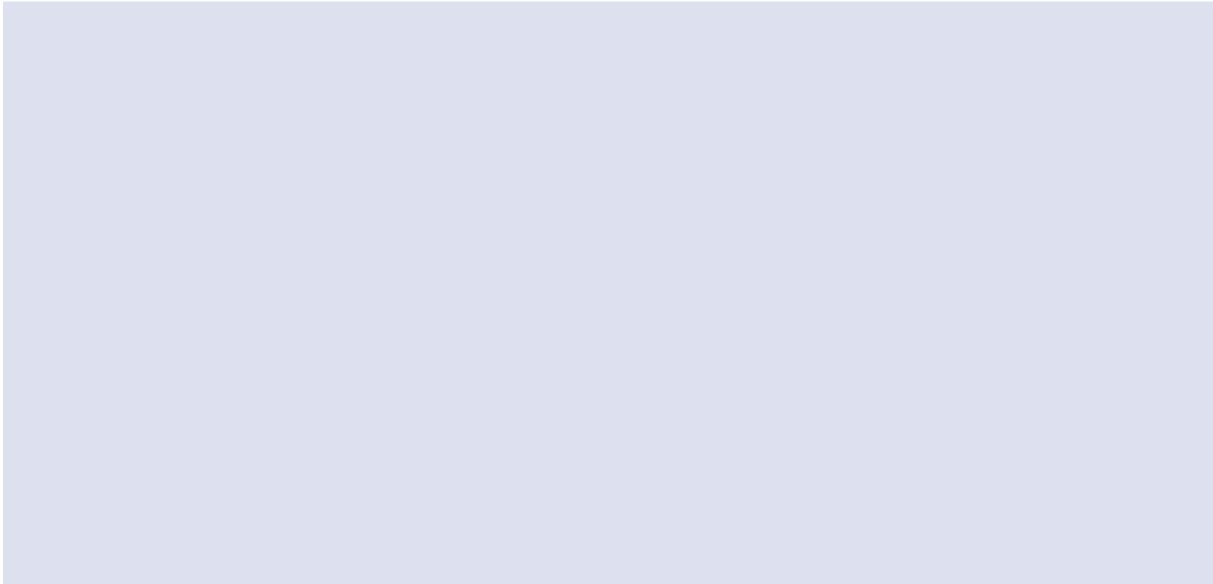
This guidance focuses on enabling the woman whose pregnancy it was to choose the method of disposal she feels is most appropriate, and reminds all nurses and midwives of the need to be sensitive and respond to a woman's wishes relating to disposal, regardless of the particular circumstances of the pregnancy loss.

This guidance was revised following the September 2024 publication of the Human Tissue Authority's Guidance on the disposal of pregnancy remains following pregnancy loss or termination for England, Wales and Northern Ireland (hta.gov.uk/guidance-professionals/guidance-sector/post-mortem/guidance-disposal-pregnancy-remains-following), and also took account of separate guidance published by the Scottish Government in 2015 (publications.scot.nhs.uk/files/cmo-2015-07.pdf) – see page 7. The guidance also takes account of the *Pregnancy Loss review report* (2023) available at: gov.uk/government/publications/pregnancy-loss-review

The primary message contained here is that all those involved must consider the personal wishes expressed by the woman in relation to the disposal of pregnancy remains including if she chooses not to enter a discussion or make a decision about disposal. It also recommends that available disposal options, as outlined in the Human Tissue Authority guidance (HTA, 2024), should be articulated verbally and in writing. This recommendation must take account of local languages and cultural and/or religious expectations.

This edition also takes into consideration guidance available from Sands, the stillbirth and neonatal death charity, the Institute of Cemetery and Crematorium Management (ICCM), and the Miscarriage Association, all of which provide operational details for those working in this area of practice.

Finally, it is recognised that many women will have a partner who may be involved in the disposal decision. While, for ease of reading, this text largely refers to the woman, it should be taken to include a partner wherever appropriate.



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

The critical issue in supporting best practice is in respecting a woman's choice, based on the understanding that this is her pregnancy loss – regardless of the circumstances of that loss – and that she is best placed to determine how the remains should be managed. Kilshaw (2024) recommends that the term "pregnancy end" rather than "pregnancy loss" may be a preferred term by some as "pregnancy end" may better capture the complexity and nuance of women's experiences. The term may be considered more inclusive to the diversity of how a pregnancy may end early, including miscarriage, ectopic, and molar pregnancies and termination of a pregnancy.

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

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

It is also important to consider how the registered nurse or midwife will support younger women (those under 18 years) to ensure that their views are known and acted upon rather

Nurses or midwives who provide care to a woman who has miscarried or had a termination

5.2 Cremation

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

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

separately from other clinical waste, in suitable containers, before subsequently being incinerated. For future reference, it is important that the date of the collection and the location of the incineration should be recorded.

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

5.4 The woman does not make a decision

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

If a woman prefers not to make a decision about disposal, she should be informed what method of disposal will be used. Where a woman does not want to engage in any discussion about disposal, her position should be respected but she should be made aware that information is available to access should she so wish. There should be a robust process in place that makes it easy for women to choose not to engage in discussions about disposal. All discussions e(y0.3 (i).7 (i)5.187e s)3. id. n di(fh)-2.7ualwi.9 (a)4 ('dn-GB)/MCID 340 BD

6. Roles and responsibilities of nurses

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

The emphasis for the health care professional should be on providing quality information; it can be a challenge identifying how much information is appropriate, and it is often best to give key choices, and be available to repeat or expand on details as required. There may be variation across the UK about options available, however the HTA guidance for England, Wales and Northern Ireland (HTA, 2024) is clear in recommending that all choices should be communicated (whether written or verbal), even if not available locally. This too will be important for the woman's choice.

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

6.1 Record keeping

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

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

In 2023, the Pregnancy Loss review (Gov.UK, 2023) recommended that an official certificate should be available to anyone who requests one after experiencing any loss pre-24 weeks gestation. In October 2024, all parents who have experienced losing a pregnancy can apply for a certificate formally recognising their loss (Gov.UK, 2024).

6.2 Information sharing and documentation

Consent is not required, however documenting the decision is important and should be regarded as a critical step in the package of care to ensure the woman has been given the opportunity to make a fully-informed decision.

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

It is not necessary to have the woman sign a consent form in relation to the disposal of the pregnancy remains.

6.3 Multiple pregnancy

The loss of a pregnancy can be very distressing; this may be more complex where a multiple pregnancy is involved, especially where one fetus/baby survives. The Twins Trust provides further information on bereavement with a multiple pregnancy (twinstrust.org/

The National Bereavement Care Pathway

The National Bereavement Care Pathway (NBCP) helps professionals to support families in their bereavement after any pregnancy or baby loss, be that miscarriage (including ectopic and molar pregnancy), termination of pregnancy for fetal anomaly (TOPFA), stillbirth, neonatal death or sudden unexpected death in infancy (SUDI).

Further information can be found at: nbcpathway.org.uk

7. Conclusion

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

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

The message for all involved is that the process should be centred on a woman's choice, and that everyone has a professional responsibility to provide effective systems that facilitate that choice with sensitivity and confidence. Procedures and documents need

Gov.UK (2023)

NHS Wales (2023) *Policy for the sensitive disposal of pregnancy remains (PATH 02).* Available at: https://wisdom.nhs.wales/a-z-guidelines/p/policy-for-the-sensitive-disposal-of-pregnancy-remains-002pdf (accessed 6 November 2024).

Scottish Government (2015) Guidance on the disposal of pregnancy losses up to and including 23 weeks and 6 days gestation. A letter published by the Directorate of Chief Medical Officer and Public Health, the Scottish Government. Available at: www.sehd.scot.nhs.uk/cmo/CMO(2015)07.pdf (accessed 6 November 2024).

Scottish Government (2014) Report of the Infant Cremation Commission – June 2014, Edinburgh: TSG. Available at: www.gov.scot (accessed 6 November 2024).

Scottish Government (2019) *Infant cremation code of practice: third edition*, Edinburgh: TSG. Available at: www.gov.scot/publications/national-committee-burial-cremation-