Directorate of Chief Medical Officer
Directorate of Chief Nursing Officer, Patients, Public and Health Professions

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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 Ministerially established 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, leaflets etc 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.

Actions to Take

6. Chief Executives of NHS Health Boards should designate a lead responsible individual 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**