

# **Institute of Cemetery & Crematorium Management**



## **The Sensitive Disposal of Fetal Remains**

Policy and Guidance for Burial and Cremation Authorities and Companies

**Updated September 2015**  
**To include Sands revised Position Statement**

# THE SENSITIVE DISPOSAL OF FETAL REMAINS

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## **1. Introduction**

This policy is intended as a guide for burial and cremation authorities and companies on best practice in dealing with the disposal of fetal remains, and was formulated with the kind assistance of Sands, the stillbirth and neonatal death charity.

If you are unsure about anything contained in this document please contact the Institute of Cemetery & Crematorium Management or Sands.

This policy should be read in conjunction with the ICCM policy on Baby and Infant Funerals that has been adapted from its Charter for the Bereaved (contained as Appendix D). Both policies place great importance on the need to allow parental choice about what happens to their baby. It also reflects the decision to accept shared cremation of fetal remains since disposing of these babies with clinical waste is now considered unacceptable. In 2012 and 2014 government Ministers in Scotland and England & Wales respectively, ordered a cessation of the disposal of fetuses via the clinical waste route. Parental choice acknowledges the potential benefits for parents of knowing that their baby was cremated or buried respectfully, with other babies, especially when the parents have decided not to arrange a private funeral.

For the purposes of this document, the definition of fetal remains is “a human foetus of less than 24 weeks gestation that has at no time since delivery shown any visible sign of life”. However, the terms ‘fetal remains’ and ‘fetus’ should never be used with parents. From the parents’ point of view, a miscarriage is as significant and devastating as a stillbirth. The baby they were expecting has died and their grief can be profound and long lasting therefore when speaking to parents the term ‘baby’ must be the only term used.

Whilst fetuses might be technically and legally classified as clinical waste the Institute considers that reference to such classification is insensitive and should not be used.

The Institute does not accept any reference to sub-classifications of fetal remains, e.g. products of conception, and encourages sensitive disposal irrespective of gestation period. The feelings, wants and needs of bereaved parents are considered paramount.

Since the introduction of the Institute’s first policy in 1985, the number of sensitive disposals at crematoria has been estimated be circa 40,000 per year. The number of burials taking place annually is not known.

The Institute and Sands will work with burial and cremation authorities and companies to continually increase the number of sensitive funerals.

## **2. Legal Position**

### **2.1 England and Wales**

On the introduction of the Cremation Regulations 2008 guidance was issued to Medical Referees by the Ministry of Justice that contained the following:

*Fetal remains under 24 weeks gestation are not subject to the provisions of the Cremation Act or Regulations, although most crematoria will be prepared to cremate such remains at their discretion. You should not complete a Cremation Form 10 to authorise their cremation. If you are asked by crematoria managers and staff for professional advice on*

*an application to cremate pre-viable fetuses, it is entirely a matter for you whether you provide such advice.*

The Institute recognises that fetal remains have no legal status however welcomes the above statement as confirmation that bereaved parents are entitled to a funeral service and would expect that a sensitive service will be provided in a caring society. The position in Scotland below is fully accepted by the Institute and it recommends the changes taking place being implemented at all UK crematoria.

## **2.2 Scotland**

Due to certain issues regarding the recovery of ashes from the cremation of babies and fetuses, the Scottish government convened the Infant Cremation Commission tasked with establishing standard practice and procedure for crematoria and hospitals. The Commission made a large number of recommendations all of which were accepted by the Scottish government. The Institute accepts all of the recommendations made by the Commission. The fundamental issue concerned the definition of ashes/cremated remains. The accepted definition is *'all that is left in the cremator at the end of the cremation process and following the removal of any metal'*.

## **3. Recovery of Ashes**

The issue in Scotland and recommendations made by the Commission confirm the view that everything should be done to maximise the recovery of ashes from baby and infant cremations. Many crematoria can usually guarantee the recovery of ashes. The Institute has produced operational guidance and training on this very important and sensitive matter that can be downloaded from the ICCM website or obtained by contacting the national office.

## **4. Right to Choose**

The Institute and Sands recognise that parents have a right to take control of their baby's funeral or opt for a shared funeral organised by a hospital and have confirmed this in the policy document 'Baby and Infant Funerals' (contained as Appendix D).

Burial and Cremation authorities and companies are encouraged to provide services and facilities for both private and shared funerals for babies with the aforementioned policy document being designed to assist with the provision of choice for bereaved parents.

Those authorities and companies that already provide suitable services and facilities or are working toward this should consult with local hospitals, GP's and other local health care workers to formulate agreement and methodology for directing all cases of fetal remains to cemeteries and/or crematoria and not disposal at clinical waste incinerators or landfill sites. This action will assist in raising the number of private and shared funerals taking place in cemeteries and crematoria.

## 5. Hospital Agreements

It is important that the burial and/or cremation authority or company agree a workable arrangement and that both parties acknowledge and abide by their responsibilities. An example agreement is attached as Appendix A to this policy however such agreements can be drawn up locally to include any local requirements. Terms and condition applied by each party can be included on the reverse of the agreement with the following being examples of such terms and conditions that should be considered:

- The burial and/or cremation authority will provide the hospital with details of its services which in turn will be explained to bereaved parents by hospital staff.
- The parent(s) should be given a choice about what happens to their baby. Parents need to be informed clearly and sensitively, by trained hospital staff, about the choices available to them. Burial/cremation authorities should discuss the range of options they provide with their local hospitals. This choice shall be given to the parents in an appropriate manner by trained hospital staff.
- Confirmation that the parent has been given this choice shall be a condition contained within the agreement.
- The hospital shall confirm that it has obtained consent from the parent/parents, authorising the means of disposal.
- The hospital shall be required to maintain a register for the disposal of fetal remains. This and all other documentation relating to the disposal of foetuses shall be kept for a minimum of 50 years by the hospital in order that parents wishing to trace the disposal of their foetus may do so in the future.
- Where a shared funeral is to take place the hospital may choose to provide case numbers only to the burial/cremation authority. This action will protect the identity of parents whose cases are subject to confidentiality under the Abortion Act 1967. All parents who may wish to trace a disposal in the future can do so via the hospital register which will indicate the place of disposal. Tracing back to a cemetery or crematorium by using only the case number issued to the parents by the hospital will ensure that confidentiality and accuracy is maintained and equal treatment will be provided.
- The cremation authority accepts that it cannot investigate the details surrounding the fetal death or the details of the parent(s) in a similar manner to other cremations. In this regard, the hospital must be satisfied that the fetal remains can be released for cremation and that no further enquiry is required.
- Where a shared cremation is arranged, each foetus should be separately wrapped and separately identified and shall be placed, together with other foetuses, in a single container.
- Each container may contain multiple foetuses the number of which is agreed between the cremation authority and hospital and shall be delivered with the names and/or case numbers clearly identified.
- The completed application form duly signed by the head of the clinical unit or other authorised designated person should be delivered to the Crematorium or Cemetery

office in advance of the date of the funeral. Note that a funeral director should never be an applicant unless arranging the funeral of a member of his/her family or is authorised in writing by the lawful next of kin.

- Where cremation is to take place, the wrappings and container shall comprise of materials suitable for cremation, preferably cardboard or wood, or plastics suitable for cremation i.e. non-chlorinated plastic, as required by the Secretary of State's Guidance – Crematoria PG5/2 (latest version) or any subsequent legislation. No PVC Melamine, zinc, lead or glass shall be used.
- Plastic receptacles containing fetal remains that are used in medical procedures should be made from non-chlorinated plastic e.g. polyolefin.
- The hospital must inform parent(s) that on occasion, ashes might not be recovered from individual cremation (however users of this policy and guidance are strongly advised to review local policy, practice and technique in order to maximise the recovery of ashes).
- The hospital must inform parents that ashes from shared cremations, where a number of babies are placed in a single container are not individually identifiable and that they will be scattered or buried within the garden of remembrance with their location being registered. The hospital must further advise parents that they can view the location where ashes have been scattered and can arrange a memorial at the crematorium.
- The Institute acknowledges that a shared cremation might be where each baby is contained in a separate container and on a separate tray and several trays may be placed in the cremator and cremated together. Alternatively a partitioned tray might be used. Should any crematorium employ this practice it should be fully explained to the hospital that the ashes from each baby will be identifiable so that parents can make a decision on their disposal. The Institute would support this method provided that the parent(s) have opted for a shared cremation and the crematorium has a robust identification system in place and has developed good technique to control the cremation in order to maximise the recovery of ashes. Crematoria that adopt this practice might also consider retaining the individual ashes for a period before scattering in case any parent comes forward with a change of mind
- Detail of any costs payable by the hospital to the burial or cremation authority (if any).
- Any other terms or conditions agreed by both parties.

## **6. Funeral Arrangements**

### **6.1 Introduction**

All funeral bookings, whether private or shared, should be recorded and administered in exactly the same manner as all other funerals. Appropriate service time must be allocated for all funerals.

Bookings for private funerals will in many cases be made by a Funeral Director on behalf of the parent(s) however the parent(s) may wish to arrange the funeral directly. Cemetery and crematoria staff should enable a family arranged funeral.

## **6.2 Crematoria**

All funerals, whether private or shared, should be received at the chapel entrance, the container conveyed through the chapel and placed on the catafalque.

A suitably dressed attendant should meet the funeral.

Where a private funeral is arranged the parent(s) may wish this to be conducted by a minister of religion or other person in exactly the same manner as any other funeral. The content of the service should be as required by the parent(s).

Where a shared service is arranged the date and time should be relayed to the hospital in order that parents can be informed that they may attend if they choose. Should no parent(s) have arrived at the allocated time it is advised to delay the committal for a short time in case any parent(s) might have been unavoidably delayed.

Further information on funerals, ashes and memorials is contained in Appendix D – ICCM Policy on Baby and Infant Funerals.

## **6.3 Cemeteries**

All funerals, whether private or shared, should be met at the cemetery entrance and escorted to the graveside by a suitably dressed attendant.

Where a shared service is arranged the date and time should be relayed to the hospital in order that parents can be informed that they may attend if they choose. It is advised that the committal is not carried out immediately in case any parent(s) might have been unavoidably delayed.

Further information on funerals, graves, children's sections and memorials is contained in Appendix D – ICCM Policy on Baby and Infant Funerals. Note that the aforementioned policy states that the disturbance of the remains of a baby buried on a previous occasion is not lawful however this is not the case in respect of fetal remains. Whilst a licence from the Ministry of Justice is not required to exhume fetal remains it should be noted that consent of other parents would be required in the case of a shared grave. As gaining consent might prove extremely difficult and cause distress or upset, parents should be advised at the outset that exhumation from a shared burial is not possible. Where shared burials take place in consecrated ground the local Diocese must be consulted prior to any exhumation taking place.

# **7. Registration**

## **7.1 Introduction**

The form contained as Appendix B is intended for shared disposal only and serves as both an application form and certification that each case contained is one of fetal remains. As this is achieved via the declaration at the foot of the form the onus is placed on the head of

the clinical unit or authorised designated person at the hospital to ensure accuracy. Any irregularities or errors can be referred directly back to the signatory. The content of the form can be used for registration purposes.

Where a private funeral is being arranged burial authorities can utilise their standard notice of interment (or modified version). Crematoria can utilise a modified version of their preliminary application or a form considered appropriate that is signed by the applicant for cremation, and a form for the disposal of ashes that is also signed by the applicant for cremation.

As fetal remains have no legal status at the present time statutory registers must not be used. Some burial and cremation computerised administration systems have the ability to make a selection in instances of fetal remains and will store these records in a separate register.

Alternative methods of registration are explained as follows:

## **7.2 Cremations**

It will be necessary to maintain a non-statutory register of cremations of fetal remains containing all appropriate information. The final resting place for all ashes resulting from shared and private cremations must be recorded in the register, as must instances where the parent(s) arranging a private cremation collect them or give a specific written instruction to release to their funeral director. All instructions should be in writing and signed by the applicant i.e. parent in the case of a private cremations and designated authorised person at the hospital in the case of a hospital shared or individual cremation.

## **7.3 Burials**

A non-statutory register of burials of fetal remains must be maintained and contain all appropriate information.

A note (as opposed to an entry) should be made in the register/record of graves cross referencing to the non-statutory register of burials.

Where a parent purchases a private grave for the interment of their baby an entry in the statutory register of grants / purchased graves register must be made and a deed issued as per all other private graves.



## APPENDIX A

### Agreement for the Disposal of Fetal Remains

It is hereby agreed this ..... day of .....20.....,

that ..... (Burial/cremation authority) Borough

Council / Company shall dispose of any fetal remains provided by

..... Hospital for a period of twelve months.

**This agreement shall be subject to the charges detailed below and the conditions contained overleaf.**

**The charges for the disposal of fetal remains shall be as follows:**

- a) Individual Burial £.....
- b) Individual Cremation £.....
- c) Shared/Communal Burial (per communal interment) £.....
- d) Shared/Communal Cremation (per shared/communal cremation) £.....

**I hereby agree to the charges and terms and conditions detailed on the reverse of this agreement.**

Signed ..... for and on behalf of

.....Council

Address .....

.....

Witnessed .....

Address .....

.....

Signed ..... for and on behalf of

.....Hospital

Address .....

.....

Witnessed .....

Address .....

.....

(Terms and conditions can be included on the reverse of the agreement)

**APPENDIX B**

**Application for Shared/Communal Burial/Cremation of Fetal Remains at Crematorium**

This application must be signed by the person authorised by the Medical Director of the NHS Board to make an application for cremation/burial. The fetal remains may be identified by the hospital/clinic case number in cases subject to confidentiality e.g. under the Abortion Act 1967.

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

I (name of applicant).....

(address) .....

(position)..... NHS Board.....

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

I hereby apply to **\*\*Anywhere \*\*** crematorium/cemetery to dispose of the following fetal remains:

| Identifying Number * | Name and Address of woman if given | Date of Delivery | Name of medical practitioner / registered nurse / midwife whose signature appears on the NHS declaration |
|----------------------|------------------------------------|------------------|--|
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\* 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/consent for the disposal has been obtained.

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

Designation of Signatory.....

NHS Board: .....

Address: .....

.....

..... Post Code: .....

Developed in consultation between ICCM and Scottish Government Working Group on Disposal of Fetal remains 2011

## Appendix C

EXAMPLE Certificate of Fetal remains for use where a private funeral is being arranged by the parent(s).

Name of Hospital.....

I.....hereby certify that the foetus of

[Name of parent(s)].....delivered on.....20....

was of a gestation up to and no more than 24 weeks and that the Fetal remains showed no signs of life.

Signed.....Date.....

The above signatory must be either the medical practitioner, registered nurse or registered midwife who delivered the baby or the head of the clinical unit.



Policy and Guidance for

# Baby and Infant Funerals

Formulated with the kind assistance of

**Sands, the stillbirth and neonatal death charity**



Adapted from the ICCM Charter for the Bereaved  
Updated September 2015

## **Baby and Infant Funerals**

### **Introduction**

This policy and guidance has been designed to assist bereaved parents with making decisions that are right for them and to further assist burial and cremation authorities in providing suitable and acceptable services. It was formulated with the kind assistance of Sands (the stillbirth and neonatal death charity) during the review of the ICCM Charter for the Bereaved with the intention of providing information to parents and burial authorities and ultimately raise the level of services provided.

### **1. INFORMATION FOR PARENTS**

#### **A message to bereaved parents:**

We are so sorry that your baby has died. We hope that the information in this policy will explain your options and help you to make decisions about your baby's funeral. Remember, it is your right to arrange a private funeral that meets with your requirements and wishes at the cemetery or crematorium of your choice. Alternatively, most hospitals will make arrangements for shared funeral services (that is, for more than one baby) at their local cemetery and/or crematorium.

The information below will help you make decisions about your preferred choice and the options available, however remember that further help is also available through your Charter member, funeral director and hospital patient affairs/bereavement officer<sup>1</sup>.

Remember, you do not have to make any rushed decisions and should take time to consider the options available.

Sands is a well known national organisation that provides help and support to bereaved parents via a network of local groups. Some local groups have assisted burial and cremation authorities with developing their services to bereaved parents. The Sands website (<http://www.uk-sands.org/>) contains a wealth of advice and information that might help you make decisions on the funeral that meets with your needs. The Sands Helpline on 020 7436 5881 is available if you would like to speak to someone or be put in touch with your nearest Sands group. Sands also has a booklet for parents *Deciding about a funeral for your baby* which can be ordered free from the Sands Shop or read online on the Sands website (from December 2014)

#### **Your Choices**

Many NHS hospitals offer to organise and pay for a funeral for a baby who dies at any stage of pregnancy or shortly after birth. Parents can usually attend the funeral and can also usually make some decisions about the kind of service and how they will participate. Alternatively you can take full control and arrange a private funeral.

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<sup>1</sup> The title of the person at the hospital may vary between hospitals.

## **Burial or Cremation**

It is your right to decide whether a burial or cremation service is provided for your baby.

### **(a) HOSPITAL ARRANGEMENTS**

The hospital authorities generally do not charge for making burial or cremation arrangements. They also pay any necessary cemetery or crematorium fees, although many local authorities offer their cemetery and/or crematorium service free of charge in these cases. Some hospitals offer burial as well as cremation whilst others offer cremation only. Where your preference is burial and the hospital only offers cremation, you will need to consider making a private arrangement as discussed below.

Some hospitals will arrange a burial or cremation where a number of babies are remembered at the funeral service. Some parents can draw comfort from knowing that their baby has been laid to rest with others.

If you prefer the hospital to make arrangements it is important that you speak to the appropriate officer at the hospital so that you are aware of the date and time of the funeral. In most places you can attend if you wish. You can also visit and speak to the manager of the cemetery or crematorium who will explain how and where shared burial takes place in the cemetery, or if a crematorium, the area of the garden of remembrance where cremation memorials can be provided. It is important that you are satisfied with what will happen to your baby prior to the funeral as your decision may not be reversible after the funeral.

The hospital should be able to inform you of what happens to the ashes resulting from a shared cremation, and that the location where they are buried or scattered is registered and can be identified by the crematorium after the cremation has taken place.

Most crematoria maximise the recovery of ashes from the cremations of babies. You might wish to contact the crematorium of your choice before the cremation takes place to enquire about their policy regarding the recovery of ashes. If you are not satisfied you can take control and choose an alternative crematorium.

Irrespective of who makes the arrangements the cemetery or crematorium will have options for remembrance and memorials if you wish to arrange a form of commemoration. An increasing number of cemeteries and crematoria are including children's burial sections and children's gardens of remembrance within their services where shared funerals are conducted in exactly the same manner as private funerals. Some bereaved parents gain comfort from knowing that their baby was laid to rest with others.

### **(b) PRIVATE ARRANGEMENTS**

You can make your own funeral arrangements should you wish. You would then have full control of the arrangements, including where and when the funeral is to take place. You would be responsible for any costs associated with the funeral, but many funeral directors and cemeteries or crematoria make either no charge or a reduced charge for babies and children.

Whilst it might be a difficult task you are advised to speak to more than one funeral director before making decisions as where charges are made these can be high in some locations and especially in cities.

Should you wish to make arrangements yourself without using a funeral director the cemetery or crematorium manager will assist you by showing you the available options and giving practical help and advice regarding certificates and forms required. Your detailed requirements for the funeral service can also be made directly.

If you choose a cremation service it is important to ask the crematorium for their success in recovering ashes. If your local crematorium can give no guarantee that ashes will be recovered it is your right to choose one that does. Many crematoria can guarantee the recovery of ashes, even where the baby is of a very low term.

### **(c) Burial Options**

Charter members are encouraged to create a Children's section within their cemetery where either shared or private funerals can be arranged. The graves in this section are small and are only suitable for the burial of babies and children. When considering your options you may want to think about burying your baby in a larger plot in the main area of the cemetery. In this case you would be able to use the same grave for one or two adults at some time in the future, possibly for a grandparent or a parent, without disturbing the baby.

If burial in a private grave is your preferred choice, whether in the main section or the Children's section of the cemetery, a deed will be issued to you giving what is known as the exclusive right to the grave. This means that nothing can be done to the grave without the written permission of the owner of the exclusive right. The owner therefore has total control over the memorial that might be placed on the grave (subject to the cemetery's rules and regulations) and any other matter relating to the grave. You can visit the cemetery prior to the burial and be shown where the burial will take place. If you are not satisfied you can choose an alternative cemetery.

If you choose burial in a shared grave your baby will be buried with others in the same grave. Charter members are encouraged to locate these graves within the same Children's section where private graves are situated. You will not have any rights or control over the grave however some parents take comfort from knowing that their baby is with others. Should you choose this option it should be noted that it will not be possible to reverse your decision and request an exhumation and reburial in a private grave as the consent of all parents of babies buried there would be required but could not be obtained.

### **(d) Cremation Options**

Cremation can be either via a private funeral service, i.e. one you arrange yourselves for your baby, or a shared cremation service, i.e. one where several babies are remembered together in a service that can be attended by all the families.

If you choose a private cremation you should discuss your requirements for the service directly with your funeral director or with the crematorium.

You may of course, arrange the funeral directly with the crematorium and without using a funeral director. You should be informed of the policy of the crematorium regarding the recovery of ashes resulting from the cremation. Many crematoria can guarantee the return of ashes irrespective of the term of the baby however it is advised to check with your chosen crematorium on its policy. If you are not satisfied you can select an alternative crematorium.

Where ashes are recovered from a private cremation the crematorium will deal directly with the parent(s) regarding the scattering or burial of the ashes and memorial facilities.

Should you choose a shared cremation the ashes of each baby will not be individually identifiable. The ashes will however be scattered or buried in the garden of remembrance, the location recorded and the hospital and/or Funeral Director will also be informed. You can find out if ashes were recovered or not by contacting the hospital, funeral director or crematorium on the day following the funeral service.

Charter members are encouraged to create a children's garden of remembrance within their crematoria where individual memorials may be arranged by the parent(s).

## **2. Charter Rights**

### **CHARTER RIGHTS FOR PARENTS**

- (a) It is your right to decide whether the hospital makes funeral arrangements (if this is offered) or whether you take full control of the funeral for your baby or infant and decide whether a burial or cremation will take place.
- (b) It is your right to be offered a private grave for your baby or infant and be issued with a deed for the exclusive right to the grave. You also have the right to erect a memorial on a private grave that complies with the cemetery rules. These are subject to payment of any appropriate fees.
- (c) It is your right to be able to purchase an adult grave for the burial of your baby or infant, with sufficient depth remaining to allow adult burials, and be issued with a deed for the exclusive right to the grave. You also have the right to erect a memorial on a private grave. These are subject to payment of any appropriate fees.
- (d) It is your right to be able to choose a shared<sup>2</sup> grave for the burial of your baby. (Should you choose this option it should be noted that it will not be possible to reverse your decision and request an exhumation and reburial in a private grave, as the consent of all parents of babies buried there would be required but could not be obtained). You may not be able to erect a memorial on a shared grave due to space.
- (e) It is your right to be able to choose a private cremation for your baby.

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<sup>2</sup> Many bereaved parents find the terms communal grave, communal cremation etc distressing and offensive. For them the word 'communal' carries echoes of paupers' graves, mass graves etc. We would encourage Charter members to use the term 'shared' in all communications with parents and in all documents (as in this document).



- (f) It is your right to be able to choose a shared cremation for your baby where provided by the hospital.
- (g) It is your right to be able to receive accurate information about the cremation of your baby from the crematorium.
- (h) It is your right to expect the crematorium to have a technique in place designed to maximise the recovery of ashes.
- (i) It is your right to be given all of the ashes resulting from an individual cremation, or they can be buried or scattered with your written consent. All of the ashes is defined as ***‘everything that is left in the cremator at the end of the cremation process following the removal of any metal’***.
- (j) It is your right to decide what happens to any metal recovered from a private, individual cremation and the crematorium must inform you of the options available, which could include recycling for charitable purposes, burial within the grounds or return of metal to you. Metal will be that which was used in the construction of the coffin.
- (k) It is your right to be able to arrange a memorial for your baby at the crematorium
- (l) When arranging a private burial or cremation it is your right to decide on the type of coffin or container that your baby will be buried in e.g. traditional coffin, wicker, bamboo, biodegradable, shroud.

### 3. INFORMATION FOR CHARTER MEMBERS

This section of the Charter has been reviewed with the kind assistance of Sands therefore giving a greater insight into the type and level of services that bereaved parents would expect.

Charter members are advised to take note of the Information for Parents and the Charter Rights above when considering new facilities and/or services or making improvements.

The terms ‘ashes’ and ‘cremated remains’ are deemed to be one and the same and defined as ***‘everything that is left in the cremator at the end of the cremation process following the removal of any metal’***. Cremation authorities are strongly advised to formulate local policy and practice (technique) in respect of baby and infant cremations that will maximise the recovery of ashes.

Parents must be informed of what happens to any metal recovered from a private individual cremation and be informed of options available. Consent should be obtained to dispose of metal.

Charter members are also encouraged to accept and work toward providing the services and facilities contained in the Charter Targets below in order to improve their services to bereaved parents to way above a minimum level.

Where a local hospital does not provide the shared option to parents for burial and cremation Charter members will encourage them to do so via the use of the shared facilities provided at your cemetery and/or crematorium.

## **CHARTER TARGETS**

- (a) Children's burial sections should be developed to accommodate private individual graves on which a memorial can be erected. A deed of grant of the exclusive right must be provided to the parent(s).
- (b) Children's burial sections should be specifically designed to meet the needs of bereaved parents with input provided by the nearest local Sands group. The use of undesirable areas, such as old public graves and narrow verges should be avoided. Where space is limited the use of areas previously used for public burial could be suitably enhanced to accommodate a specifically designed Children's section.
- (c) Children's burial sections mentioned above should be developed to accommodate shared burials of babies (irrespective of gestation period) and infants, delivered by local midwifery and gynaecology services. These facilities may be free of charge to parents, allow for an individual grave and burial and the placing of a memorial.
- (d) Backfill a shared grave immediately after a burial and not leave the grave open pending a further burial. Where this might not be possible a secure lockable cover should be used. Parents have the right to know that their baby is secure in the care of the burial authority.
- (e) Crematoria should have a written local policy on baby and infant cremations that contains a commitment to a technique that will maximise the recovery of ashes.
- (f) A memorial facility should be provided within a children's section for parents that choose shared burial.
- (g) Old individual adult public graves for shared/hospital burials should not be used. These old graves are often in less well maintained areas that can appear bleak and unfriendly.
- (h) A specific Children's Garden of Remembrance area should be developed within the crematorium garden of remembrance where suitable memorial facilities should be provided.
- (i) Charter members often correspond with the parents during or after the burial when the parents are shocked and numbed. It is important that letters or printed materials are written with warmth and without any bureaucratic tone. The baby's name should be used wherever possible, rather than reference to the "body" and the "burial".
- (j) Charter members must ensure that informative literature on the above is readily available to parents. Such literature should be provided to all local hospitals in the area served by the burial and/or cremation authority.

- (k) Ashes recovered from shared cremations will be scattered or buried in the garden of remembrance, the location recorded and the hospital and/or Funeral Director will also be informed. Charter members are advised to also provide this information to local hospitals and funeral directors with the addition that should ashes be recovered the aforementioned, or the parents directly, will be informed.

## **APPENDIX**

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### **Sands position statement Shared graves and lockable grave covers**

When a baby dies at any stage of pregnancy, during or shortly after birth, many Trusts and Health Boards offer to arrange and pay for a funeral service, burial or cremation.

Sands strongly believes that burial must continue to be an option for all parents. Some Trusts and Health Boards are able to offer individual or shared graves for parents who choose to bury their baby. For financial reasons, some Trusts and Health Boards may only be able to offer parents the option of a shared burial. Parents should always be told in advance whether an individual or shared grave is being offered. Some parents find the idea of a shared grave upsetting. Others find it comforting to know that their baby will not be alone. If parents choose to have their baby buried in a shared grave, they should be told how many babies will be in the grave and given an estimate of how long it is likely to be before the grave is closed and the ground properly re-constituted.

In all instances, parents should also be given full information about hospital arranged and private options for burial and cremation. Parents should receive clear and sensitive explanations of all their options. They should also be given written information about their available choices. Parents should also be informed in advance of any restrictions regarding any memorials that can be placed on individual or shared graves. If they are considering having their baby buried in a shared grave, they should also be told that they will not be able to open the grave later if they wish to move their baby's body to another location. All relevant information should be included in written information that is given to parents. Parents can then decide if they would like the hospital to make arrangements or if they would prefer to do this themselves.

Shared graves should always be backfilled immediately or protected by lockable grave covers to ensure that the grave cannot be disturbed until it is full and the ground can be re-constituted. A lockable grave cover consists of a metal frame bolted into the ground with a strong polypropylene cover that is padlocked to the frame.

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