Institute of Cemetery & Crematorium Management

The Sensitive Disposal of Foetal Remains

Supported by the Burial & Cremation Education Trust

January 2004
THE SENSITIVE DISPOSAL OF FOETAL REMAINS

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1.0 INTRODUCTION

1.1 This document replaces the previous policy for the disposal of foetal remains, published in August 2001. It is intended as a guide for burial and cremation authorities, providing guidance on the best practice in dealing with the disposal of foetal remains.

1.2 The document places great importance in the need to allow parental choice in the disposal of foetal remains. It also reflects the recent decision to accept communal cremation of foetal remains in preference to their disposal as clinical waste. This acknowledges the potential benefits for parents to know their baby was disposed of with other babies, especially when the parent had decided not to have a funeral.

1.3 For the purposes of this document the definition of foetal remains is “a human foetus of less than 24 weeks gestation that has at no time since delivery shown any visible sign of life”.

2.0 RIGHT TO CHOOSE

2.1 It is essential that parents be given the same choice on the disposal of the foetus as for a stillborn child. Choices should be given to the parents in an appropriate manner during counselling. Parents need to be informed clearly and sensitively, by appropriately trained hospital staff, about the choices available to them. Burial/cremation authorities should discuss the range of options they provide with their local hospitals.

2.2 Burial/cremation authorities should draw up an agreement with hospitals for the disposal of foetal remains and develop suitable literature to enable policies to be clearly understood by parents and hospital staff. In respect of hospital staff, such information will assist them in providing proper information to the parent(s).

2.3 Burial and cremation authorities should communicate with charities and support groups and hold meetings as required to discuss the needs of bereaved parents. Communication and consultation is vital to creating awareness and allowing proper decisions to be made.

2.4 Disposal options must be communicated to GP’s and other health care workers in the community, in order that suitable disposal arrangements can be made for foetuses miscarried outside of the hospital environment. Burial/cremation authorities should make contact with community health workers to advise them of the range of options they provide.

2.5 It is acknowledged that many parents will not recognise their loss as a baby at the time but may return months or even years later to enquire about disposal arrangements. It is essential therefore that a dignified, sensitive method of disposal is provided, including traceability and the ability to provide a focal point for parent’s grief. Where parents have chosen not to get involved in the disposal of their baby, however, their decision must be honoured. It is not for burial and cremation authorities or their staff to decide whether to have a service or dispose of remains in a baby section or similar scheme. It is essential, however that a dignified and sensitive method of disposal continues to be used in order to avoid distress at a later date. It is important that the area in which remains have been disposed of is recorded and that there are options for memorials open to these families.
3.0 REGISTRATION

3.1 Foetal remains have no legal status; therefore there is no legal requirement for their disposal to be registered. To ensure traceability, however, it is recommended that the following guidelines are implemented:

3.2 An application form for interment or cremation should be completed containing either, the name and address of the mother and baby, or the case number, address of the hospital and name of person making the arrangements. An example of an application form can be found in Appendix B. The signature of the Consultant, Doctor, Registered Nurse or Midwife involved in the care of the mother will be required to certify that the foetus was less than 24 weeks gestation, can be released for burial or cremation and that no further enquiry is required. Where arrangements are made for communal disposal, the interment/cremation notice may contain details, (case numbers and/or names), of more than one foetus.

3.3 In November 2003 the Home Office issued guidance to Medical Referees which contained a clause (57) relating to foetal remains and the provision of Form F. From this guidance the position is now clarified as follows:

Whilst foetal remains have no legal status a number of cremation authorities will cremate such remains at their discretion. As the cremation of foetal remains is outside the scope of the Cremation Regulations, Medical Referees or Deputies should not be asked to complete a Form F, authority to cremate. Cremation authorities may consult with their respective Medical Referee or Deputy in order to obtain professional advice concerning any particular cases however it is a matter for the Medical Referee or Deputy as to whether such advice should be given.

3.4 The hospital will maintain a separate register for the disposal of foetal remains with a cross reference to the place of disposal. This and all other documentation relating to the disposal of foetal remains should be kept for a minimum of 50 years by the hospital in order that persons wishing to trace the disposal of their foetus may do so in the future.

3.5 Burial/cremation authorities should maintain non-statutory registers of burials and/or cremations in perpetuity. Where registers are maintained in a computer the system must be capable of diverting details relating to foetal remains into a separate register. Where this is not achievable a written, non-statutory register of disposals of foetal remains must be maintained.

4.0 DISPOSAL ARRANGEMENTS

4.1 General

4.1.1 Arrangements shall be made directly with the cemetery or crematorium office with the day and time of the burial or cremation recorded in the appropriate diary. This will ensure that foetal remains are received in a similar manner to a conventional funeral at the cemetery or crematorium, for which they should be allocated a minimum 30-minute reception period. This will ensure confidentiality and avoids arrival whilst another funeral is in progress.

4.2 Crematoria

4.2.1 Disposal of foetal remains from a hospital through crematoria should comply with the conditions of the hospital contract as detailed in Section 5 below.

4.2.2 On the day, date and time agreed, the foetal remains should be delivered to the crematorium entrance, carried through the chapel and placed on the catafalque by the Funeral Director or other person arranging the funeral. From that point the crematorium staff are responsible for the remains and will convey them to the crematory, completing the cremation on the day they are received in accordance with principles adopted by the cremation authority.

4.2.3 Where parents wish to attend and require a specific service or ritual, this should take place over their foetus only and arrangements made for a single container and an individual service or ritual. Cremation authorities that wish to provide a service prior to a communal cremation must ensure it is ecumenical. The service should then be carried out in accordance with the cremation authority’s standard procedures.

4.2.4 Where communal cremation of foetal remains take place, any cremated remains that may be left following the cremation process should be scattered/buried within the grounds and the location duly recorded, or as directed by the Hospital Authority. Options for memorials, if available, should replicate the arrangements for conventional cremation.

4.2.5 The following documents will be required for cremation;
   i) Application Form
   ii) Certificate of medical practitioner, registered nurse or midwife
4.3 Cemeteries

4.3.1 The Charter for the Bereaved, issued by the Institute of Cemetery & Crematorium Management in 1996, indicates that where burial is the chosen option, facilities should be developed for the provision of individual baby graves. Graves should be provided with a hard surface at the head of each grave to accommodate the placing of teddy bears, dolls etc.

4.3.2 Where communal disposal is undertaken, burial authorities should be aware of the potential problems of such a method. Communal burial could result in large numbers of foetal remains contained within a grave. It would not be possible to place a normal memorial on such a grave and could be subject to requests for exhumation in subsequent years. Such requests may have to be declined due to the disturbance of other foetal remains. This could cause difficulties for the authority.

4.3.3 Whilst being aware of the potential difficulties of the communal burial of foetal remains, this option should still be available. Consideration should be given to the pricing structure, to reflect the operation of each of the options for disposal.

5.0 HOSPITAL AGREEMENT

5.1 The following are the main elements that should be included in an agreement to be drawn up between the burial and cremation authority and the hospital. It is essential, however, that burial and cremation authorities seek advice from their own legal representatives before entering into an agreement.

i) Both the burial/cremation authority and the hospital shall abide by the guidelines laid down in the ICCM and Royal College of Nursing policies on the disposal of foetal remains.

ii) That it be agreed that, wherever possible, every parent be given a choice on the disposal of the foetus. 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 during counselling carried out by trained hospital staff. Confirmation that the parent has been given this choice shall be contained within the agreement.

iii) The hospital shall obtain consent from the parent/parents, preferably in writing authorising the means of disposal and obtain a signature from the medical attendant/midwife certifying the foetus to be less than 24 weeks gestation and confirming parental consent to the means of disposal.

iv) The hospital shall be required to maintain a register for the disposal of foetal remains. This and all other documentation relating to the disposal of foetal remains 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.

v) Where communal disposal is to take place the hospital may choose to provide case numbers only for foetal remains to be disposed of by 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 that 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 accuracy and equal treatment.

vi) This service shall operate alongside the existing services available to the parent(s) of a foetus. This includes, where the parent’s desire a funeral arranged by the hospital, burial in a baby’s memorial garden, as well as the universal right to make private arrangements for burial or cremation. It is recommended that when in discussion with hospital staff, encouragement should be given to always offer a funeral option for foetal remains.

vii) The cremation authority accepts that it cannot investigate the details surrounding the foetal death, or the details of the parent in a similar manner to a conventional cremation. In this regard, the hospital must be satisfied that the foetus can be released for cremation and that no further enquiry is required.
viii) The hospital will ensure that the parent or parents have determined the disposal option of foetal remains. Hospital staff should be aware that cremation is unacceptable to some religious faiths and it is always important that parents are clearly informed about, and have agreed to, what will happen to their baby’s remains.

ix) The hospital shall notify the cremation authority of any case where the foetal remains are attended by notifiable disease, HIV or any other potential threat to health. Such warnings will include the use of potentially dangerous chemicals such as formalin.

x) Each foetus shall be separately wrapped or contained and separately identified and shall be placed together in a single container.

xi) Each container may contain multiple foetuses the number of which is agreed between the cremation authority and hospital and shall be delivered with the name or case numbers clearly identified, together with the completed application form and certificates of medical practitioner, registered nurse or midwife setting out the identical case numbers. Alternatively, the hospital may choose to cremate foetuses individually in all cases.

xii) Where foetal remains are to be cremated, 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 / cremfilm. As required by the Secretary of State’s Guidance – Crematoria PG5/2 (95) or any subsequent legislation, no PVC Melamine, zinc or lead shall be used.

xiii) Currently foetal remains of less than 24 weeks gestation are not defined as human remains and are therefore outside of current burial and cremation legislation. It is acknowledged that crematoria are licensed for the cremation of human remains only, however, there has been extensive discussion on this subject and it is considered quite reasonable for such remains to be buried or cremated. Communal burial or cremation is acceptable, provided guidelines contained within this ICCM policy document are strictly adhered to.

xiv) Where parents select an individual cremation, they should be advised that it is likely that there will be no resultant remains.

xv) Detail of costs should be included within the agreement and it is the responsibility of each burial/cremation authority to agree their own costs with the relevant hospital.

5.2 A sample agreement is attached as Appendix A, this has been produced for guideline purposes only and can be adapted to suit the needs of each authority. This sample does, however, contain the essential elements of the agreement so any adaptation should also include all these elements.

6.0 CONCLUSION

6.1 The primary requirement of the disposal of foetal remains is to comply with the parent’s wishes, ensuring the hospital has counselling procedures in place to secure as accurate an assessment as possible is made. It must be recognised that parents will be in a highly emotional state at the time of such a decision. It is not reasonable to always expect a balanced decision and expect parents to never change their minds. Provision must be made for this and encouragement could be given, during negotiations with hospital staff, that a two-week period is allowed prior to the disposal of the foetal remains.

6.2 Where parents select an individual cremation or burial then normal procedures can be followed with consideration to be given for specific baby sections.

6.3 Where parents do not wish to take part in the disposal, or where they prefer the remains to be part of a communal disposal, then arrangements should be made to organise a contract with the local hospitals in accordance with section 5 of this policy.

6.4 Disposal by burial or cremation allows for traceability and an option for memorialisation in future years. It also avoids allowing such remains to be disposed of as clinical waste, providing a controlled and dignified means of disposal with suitable traceability in future years. It is hoped that authorities will play an active role in promoting the movement away from clinical waste towards disposal using facilities provided by burial and cremation authorities.
APPENDIX A

Contract for the Disposal of Foetal Remains

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

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

Council / Company shall dispose of any foetal 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 foetal remains shall be as follows:

a) Individual Burial £.................................

b) Individual Cremation £.................................

c) Bulk Communal Burial (per bulk interment) £.................................

d) Bulk Communal Cremation (per bulk cremation) £.................................

I hereby agree to the charges and conditions detailed within this contract.

Signed ............................................................. for and on behalf of

................................................................. Council

Address ..........................................................

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

Witnessed ..........................................................

Address ..........................................................

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

Signed ............................................................. for and on behalf of

................................................................. Hospital

Address ..........................................................

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

Witnessed ..........................................................

Address ..........................................................

.................................................................
APPENDIX B

Anywhere Crematorium

APPLICATION FOR CREMATION OF FOETAL REMAINS

This application must be signed by the Consultant, Doctor, Registered Nurse or Midwife involved in the delivery of the foetal remains identified in this form and also by the person authorised by the authority responsible for the hospital/clinic to make an application for cremation. The foetal remains may be identified by the name and address of the parent(s) concerned and/or the hospital/clinic case number in cases subject to confidentiality under the Abortion Act 1967.

THIS FORM MUST BE COMPLETED
PLEASE NOTE THAT INCOMPLETE INFORMATION MAY CAUSE A DELAY IN CREMATION

I (name of applicant).................................................................
(address) ..............................................................................................
(position)..............................................................................................

AS THE AUTHORISED AND DESIGNATED PERSON APPLY TO ANYWHERE CREMATORIUM TO CREMATE THE FOLLOWING FOETAL REMAINS:

<table>
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<th>Foetal Remains of</th>
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<th>Case No.</th>
<th>Name and Signature of medical practitioner / registered nurse / midwife</th>
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I DECLARE that the above have been identified as foetal remains of less than 24 weeks gestation that have at no time shown any sign of life AND that all the information given in the application is correct AND THAT no material particular has been omitted and parental consent to the cremation has been obtained.

Signature of Applicant.................................................................Date
Capacity of Signatory ........................................................................
Address ..............................................................................................

NOTE – A certificate for each case listed above must be attached to this application