

Sands Position Statement

Disposal of Fetal Remains

The Human Tissue Authority (HTA) has issued Guidance on the Disposal of Pregnancy Remains Following Pregnancy Loss or Termination that is intended to be used by NHS and private health care providers in England, Wales and Northern Ireland (separate legislation and guidance applies in Scotland). This guidance applies to all pregnancy losses that occur before 24 weeks gestation with the exception of babies who show signs of life at birth.

The current law is that consent is not required for the disposal of fetal remains before 24 completed weeks of pregnancy. This is because the law does not distinguish fetal remains from the woman's tissue.

Despite this lack of legal requirement for requesting consent, the HTA were asked by the Chief Medical Officer to develop guidance for health care professionals who work with women during and following pregnancy loss. The guidance acknowledges that "the particularly sensitive nature of this tissue means that the wishes of the woman, and her understanding of the disposal options open to her, are of paramount importance and should be respected and acted upon" (paragraph 4). The guidance proposes that all women are made aware of the options available for disposing of fetal remains following any type of pregnancy loss.

The options for disposing of fetal remains and tissue following pregnancy loss are outlined by the HTA and include individual or shared burial or cremation or sensitive incineration. Sensitive incineration is when any remains after pregnancy loss are packaged, stored and incinerated separately from other clinical waste. The HTA specifies that "Incineration should only occur where the woman makes this choice, or does not want to be involved in the decision, or does not express an opinion within the stated timescale (see para 19), and the hospital considers this to be the most appropriate method of disposal" (paragraph 6).

As there is variation in the feelings and experiences of bereaved parents, Sands' view is that parents should be always be given the choice of cremation, burial or making their own arrangements following a pregnancy loss prior to 24 weeks. However, sensitive incineration should remain an option.

Sands welcomes the emphasis on choice in the HTA's guidance on the disposal of fetal remains following pregnancy loss. Offering choices to parents about the disposal of pregnancy remains should be done as sensitively as possible during this extremely difficult time for parents.

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