

Histopathological examination and sensitive disposal of the remains of your pregnancy

This leaflet explains about your options for what happens to the remains of your pregnancy after early miscarriage (up to 12 weeks' gestation); or when the ultrasound scan finds that your pregnancy stopped developing in size and appearance before it reached the equivalent of 12 weeks' gestation; or after surgical management of ectopic pregnancy.

If you have any further questions or concerns, please do not hesitate to contact the health professional looking after you or a member of the Early Pregnancy and Gynaecology Unit (EPAGU).

Introduction

We are very sorry you have experienced a miscarriage. We understand that this will be a difficult time for you to make decisions and we hope that the following information will be of help.

We would like to assure you that Guy's and St Thomas' Hospital has guidelines which ensure that all babies and the remains of pregnancies are treated with care and respect. These are in keeping with national guidance on sensitive disposal of pregnancy loss.

What happens after I miscarry?

The remains of your pregnancy are routinely sent for examination if you:

- have surgical management of your miscarriage under local or general anaesthetic
- have surgical management of ectopic pregnancy
- miscarry at home naturally or after expectant/medical management and you bring the pregnancy remains to EPAGU in a clean, dry pot.

The examination is carried out in the Histopathology Department. Histopathology means the investigation under microscope of the remains of a pregnancy, done by a pathologist (a specially trained doctor).

This investigation will confirm:

- the remains of the pregnancy, and whether it was or not a molar pregnancy (we will explain more about a molar pregnancy further on), or
- it will confirm the lining of the womb only (which changes when you are pregnant). In this case, you have already miscarried the pregnancy fully or the pregnancy stopped developing too early for the baby to be recognisable.

What is a molar pregnancy?

Around 1 in 600 pregnancies in the United Kingdom will develop into what is called a molar pregnancy where there is an abnormal growth of the cells that should become the placenta. The majority of molar pregnancies will result in a miscarriage.

A molar pregnancy can cause problems even after a miscarriage as it may;

- take longer for your pregnancy hormone to return to its normal level after miscarriage
- mean you should not try for another baby straight away
- happen again in a future pregnancy.

Why is histopathological examination recommended?

The histopathological examination is necessary to exclude or confirm a molar pregnancy.

The histopathological examination will not give a reason as to why you miscarried unless a molar pregnancy is found. All results are reviewed by a doctor and the Histopathology Department will contact the EPAGU Lead Doctor and Nurse Manager when any molar pregnancy is found. However, the majority of miscarriages are not the result of a molar pregnancy.

We recommend histopathological examination of all surgically removed ectopic pregnancies (usually with the associated Fallopian tube) to confirm the diagnosis. It is extremely rare for an ectopic pregnancy to undergo molar changes.

Genetic testing on the pregnancy remains will only be offered if this is your third or more miscarriage, which is in keeping with national guidelines.

Once the remains of your pregnancy have been examined, the microscope slides and the preserved blocks of tissue used for this (containing a small amount of the remains) will be stored in the hospital archives as part of your hospital records.

What happens after the examination?

If the histopathological examination confirms the remains of your pregnancy, they will be stored in the Mortuary for up to 12 weeks, whilst you decide what you would like us to do with them.

You may make your own arrangements for private burial or cremation or choose one of the options the hospital can offer with regards to what happens to the remains of your pregnancy.

If you have not contacted your health professional within 12 weeks and if we **have confirmed** tissue from a developing baby, the remains will have a communal burial, which is our hospital policy. More details about a communal burial are on page 3.

If the histopathological examination **does not confirm** the remains of a developing baby, these will be disposed of by incineration. More details about this are on page 4.

What are my options after the examination?

You will need to decide what to do with the remains of your pregnancy. Your decision will be reflected in a consent form that you will be asked to sign.

We understand that this will be a difficult decision for you to make and below are more details about your choices. You can discuss these in more detail with your health professional to help you choose.

Making your own arrangements

You can arrange a private funeral either through a funeral director or a personal burial.

For a private funeral

You will need to appoint a funeral director who will liaise with Guy's & St Thomas' Mortuary to arrange transfer of the remains of your pregnancy. The funeral director will need to arrange this within 12 weeks. All subsequent arrangements will be made between you and the funeral director and they may make a charge for a private funeral. However, most funeral directors only charge a small fee but it will depend on the type of service and arrangements you request.

For a personal burial

Please contact the Mortuary to arrange to take the remains of your pregnancy home. Wherever you decide to bury the remains, please check the local council guidelines (on their website) before going ahead.

You may consider burial in a garden, a planter with flowers, under a shrub or by a tree. Please consider the following, in addition to any local guidance.

The burial:

- Must not cause a danger to others
- Must not interfere with the rights other people have on the land
- Must not be any danger to water supplies
- The burial container must be sealed with no chances of leakage
- The remains must be buried at a depth of at least 18 inches (45cm)
- Permission must be sought if you are not the owner of the land
- You may move house or the land may be used for a new purpose in the future.

Cremation

You may wish to consider cremation for religious or personal reasons. Please, be aware that there are usually no ashes with cremation of a baby at these early stages of pregnancy. We regret that we cannot currently offer cremation and if it is your preference, this needs to be arranged on a private basis.

What the hospital offers

Communal burial

The remains of your pregnancy will be stored in the Mortuary for 12 weeks. If you have not told us within that time what you wish us to do, the remains of your pregnancy will be communally buried. **A communal burial will be arranged for all pregnancy remains when a developing baby has been identified** either with the naked eye or in the laboratory, brought to the hospital, or removed during the management of your miscarriage in the hospital.

The remains of your pregnancy are placed in an individual, ecological coffin marked as "Baby of *your name*". This coffin is buried in a communal grave, in a memorial garden, which is currently in Rotherhithe. One of our hospital Chaplains will oversee the burial. These burials take place once a month. The Chaplain conducts a short blessing with a Christian prayer. You can request that your baby is not included in this blessing if that is your preference.

We are very sorry that we cannot invite you to this blessing. The hospital holds a memorial service, twice a year, at St Thomas' Hospital for people who have lost their babies. You will be told the dates and you are very welcome to attend these services if you wish.

Incineration

If you prefer not to have a communal burial, you can choose to have the remains of your pregnancy incinerated. If this is your preferred option, you will need to specifically request it on the consent form you will be given.

The same method of disposal will be used if you do not want to be involved in the decision or when the pregnancy is too early and we cannot see the embryo (your baby).

The remains will be stored with other pregnancy remains in the Mortuary. They will be safely incinerated only along other pregnancy remains. The date of collection and location of incineration will be recorded in your hospital notes.

As already mentioned, when counselled about the management options of your miscarriage and when you have made a decision, **you will be asked to sign a consent form in relation to the sensitive disposal of your pregnancy remains.**

Who can I speak to if I have any questions or individual wishes?

If you have any questions about any information in this leaflet, please do not hesitate to ask the doctor or the nurse who is caring for you. Please also read the valuable information on the contact list, below.

Contact us

Early Pregnancy and Acute Gynaecology Unit (EPAGU): 020 7188 0864
Monday to Friday 9.30am–6.30pm and weekends 9.30am-3.15pm.

Gynaecology ward: 020 7188 2704 / 020 7188 2703 – open 24 hours.

Mortuary: 020 7188 3925 – Monday to Friday 8am–4pm

Spiritual Care Team: 020 7188 1187 / 020 7188 5588 – Monday to Friday 9am-5pm
The team is on call 24 hours by ringing the switchboard 020 7188 7188

Bereavement support midwives: 020 7188 6871 and leave a message.

Other useful sources of information

Institute of Cemetery and Crematorium Management

T: 020 8989 4661

Website: www.iccm-uk.com

Human Tissue Authority

T: 020 7269 1900

E-mail: enquiries@hta.gov.uk

Royal College of Nursing

<http://www.rcn.org.uk/data/assets/pdf/0020/78500/001248.pdf>

Miscarriage Association

T: 019 2420 0795

Website: www.miscarriageassociation.org.uk

E-mail: info@miscarriageassociation.org.uk

The Ectopic Pregnancy Trust

T: 018 9523 8025

Website: www.ectopic.org.uk

E-mail: ept@ectopic.org

Charing Cross Hospital-Trophoblast Disease Service

T: 020 3311 1409

Website: hmo-le-chorio.org.uk

E-mail: hmo-le-chorio@imperial.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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