

Newcastle Upon Tyne Hospitals NHS Trust

Perinatal Post mortem Request and Consent Form v3.2

Please use this form when requesting a post-mortem examination of an embryo, fetus or infant of any gestation. **Please ensure that ALL sections are completed and the placenta is sent with the baby - INCOMPLETE FORMS WILL NOT BE ACCEPTED BY THE PATHOLOGIST.**

Do **not** use this form for product of conception or when requesting examination of a placenta only (in these cases please use the Placenta Request Form).

If you have any queries, please contact Dr Annavarapu, Dr Moldovan or Dr Charlton at the RVI. Tel. 0191 282 0907

Hospital of origin Gestation at delivery

Death classified as: Fresh miscarriage Missed miscarriage Stillbirth (>24 weeks gestation and death before labour) Stillbirth (>24 weeks gestation and death during labour) TOP for fetal malformation TOP for other abnormalities (e.g. anhydramnios, TTTS) Neonatal death: Time lived days/hours/minutes

Mother	Baby
Last name	Last name
First name(s)	First name(s)
Address	Date of birth (if liveborn) Time
	Date of death (if liveborn) Time
Hospital no.	Hospital no.
NHS no.	NHS no.
Date of birth	Sex (if known)
Consultant	Consultant
Father/Partner with parental responsibility	Address (if different from the mother's)
Last name	
First name(s)	
Preferred parent to contact, tel. no.:	
Other, eg, religion, language, interpreter	

Medical History of Mother

Parity (not including this pregnancy) +

LMP EDD

Details of previous pregnancies:

Year	Gestation	Sex	Outcome

Relevant Past Medical/ Drugs History and Family History of Mother:

History of this Pregnancy: Please include **copies of all relevant scan reports, amnio/CVB reports, details of pregnancy and any specific pregnancy complications** (suspicion of infection, abruption, maternal diabetes/hypertension/obesity). If livebirth, please also **include condition at birth** (including Apgars, etc.) and **events following delivery**, including resuscitation and **discharge letters**.

Onset of labour

- Spontaneous
- Induced

Delivery

- Normal vaginal
- Breech
- Instrumental
- Caesarean

Maceration

- Yes
- No

Delivery of placenta

- Spontaneous
- Manual after retention
- At caesarean section

Birth weight g Centile

Indicate relevant complications at delivery (e.g. nuchal cord, abruption, meconium etc.)

Placenta sent with baby? Yes No (please give reason below)

Special points to be noted/answered at PM:

CHECKLIST:

- All sections of request form fully completed
- Copies of ultrasound scans/reports included
- Clinical notes included for neonatal deaths

Person completing the form (in capitals) and contact number:

Please indicate the consultant to whom the PM report will be sent:

Your wishes about the post mortem examination of your baby

How to fill in this form:

- Please read **Section 10: Notes for consent taker**
- Please show what you agree to by writing **YES** in the relevant boxes. Write **NO** where you do not agree.
- Record any variations, exceptions and special concerns in the **Notes to the relevant section** or in **Section 6**.
- Sign and date the form. The person taking consent will also sign and date it.

Changing your mind (please complete)

After you sign this form, you have 24 hours in which you can change your mind about anything you have agreed to.

If you want to change your mind, you must contact:

[Name, department] [tel.]
before [time] on [day] [date].....

Please be assured that your baby will always be treated with care and respect.

Section 1: Your decisions about a post mortem examination *Select one of these 3 options.*

A complete post mortem: This gives you the most information. It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking X-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

If you think you may have another baby in the future and are worried that the problem might occur again, a complete post mortem is the best way to try to find out.

I/We agree to a complete post mortem examination.

OR

A limited post mortem: This is likely to give less information than a complete post mortem. A limited post mortem includes an external examination, examining the internal organs in the area(s) of the body that you agree to, examining small samples of tissue under a microscope, and taking X-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

I/We agree to a limited post mortem examination.

Please indicate what can be examined:

Abdomen and pelvis **Chest and neck**
 Head (including brain) **Other**

OR

An external post mortem: This may not give any new information.

An external post mortem includes a careful examination of the outside of the baby's body, x-rays and medical photographs. The placenta may also be examined.

I/We agree to an external post mortem examination.

Section 2: Tissue samples *Only if you consent to a complete or limited post mortem*

With your agreement, the tissue samples taken for examination under a microscope will be kept as part of the medical record (in small wax blocks and on glass slides). This is so that they can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

I/We agree to the tissue samples being kept as part of the medical record for possible re-examination.

*If consent is **not** given, you must note below what should be done with the tissue samples. See Section 10 Item 5 for more information.*

Notes to Sections 2 if required

Section 3: Genetic testing

To examine the baby’s chromosomes or DNA for a possible genetic disorder or condition, small samples of skin, other tissue and/or samples from the placenta (afterbirth) are taken. With your agreement, this material will be kept as part of the medical record so that it can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

I/We agree to genetic testing of samples of skin or other tissue

I/We agree to genetic testing of samples of the placenta.

If samples should not be taken from any of these, please note this below. The Genetics Consent Form and completed Genetics Request Form must be enclosed: however, it is much better to take specimens as soon as possible after death, as this improves the quality of analysis.

I/We agree to the genetic material being kept as part of the medical record for possible re-examination. See Section 10 Item 5 for more information.

Notes to Section 3 if required

Section 4: Keeping tissue samples for training professionals and for research

Section 4 covers additional separate consent that you may decide to give. It will not affect what you have already agreed to above, what is done during the post mortem, or the information you get about your baby’s condition, but it may be helpful for others in the future.

With your agreement, the tissue samples may also be examined for quality assurance and audit of pathology services to ensure that high standards are maintained.

I/We agree to the tissue samples being kept and used for quality assurance and audit.

Tissue samples, medical images and other information from the post mortem can be important for training health professionals. Identifying details are always removed when items are used for training.

I/We agree to anonymised tissue samples, images and other relevant information from the post mortem being kept and used for professional training.

Tissue samples, medical images and other relevant information from the post mortem can also be useful in research into different conditions and to try to prevent more deaths in the future. All research must be approved by a Research Ethics Committee.

I/We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.

You can withdraw consent for any of the above at any time in the future. To do so, please contact the hospital and ask for the histopathology department.

Section 5: Keeping one or more organs for diagnostic purposes

In most cases, all the organs will be returned to your baby's body after the post mortem examination. But occasionally the doctors may recommend keeping one or more organs for longer, to carry out further detailed examination to try to find out more about why your baby died. This might take some weeks and so could affect the timing of your baby's funeral. The person who discusses the post mortem with you will tell you if it is likely.

I/We agree to further detailed examination of the organ(s) specified below:

Any organ

The following organ(s)

If you agree to further detailed examination, you also need to decide what should be done with the organ(s) after the examination (choose one). If you agree to donate one or more organ(s), they will be respectfully cremated as required by the Human Tissue Authority when they are no longer needed.

CHOOSE ONE OF THE FOLLOWING:

I/We want the hospital to dispose of the organ(s) respectfully as required by law.

I/We want the organ(s) returned to the funeral director we appoint for separate cremation or burial.

I/We want to delay the funeral until the organ(s) have been returned to my/our baby's body.

I/We agree to donate the organ(s) to be used to train health professionals.

I/We agree to donate the organ(s) to be used for ethically approved medical research.

If you change your mind about this donation at any time in the future, and want to withdraw your consent, please contact the hospital and ask for the histopathology department.

Notes to Section 5 if required

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.....

Section 6: Any other requests or concerns

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Section 7: Arrangements following post mortem examination

Please indicate **one**.

Please arrange for cremation by Newcastle upon Tyne Hospitals NHS Trust

Please return the baby to the referring hospital. The RVI Mortuary will contact you as soon as the examination is complete.

Other: please specify:

Section 8: Parental consent

- I/We have been offered written information about post mortems.
- I/We understand the possible benefits of a post mortem.
- My/Our questions about post mortems have been answered.

Mother's name **Signature**

Father's/Partner's name **Signature**

Date **Time**

Section 9: Consent taker's statements *To be completed and signed in front of the parents.*

- I have read the written information offered to the parents.
- I believe that the parent(s) has/have sufficient understanding of a post mortem and (if applicable) the options for what should be done with tissue and organs to give valid consent.
- I have recorded any variations, exceptions and special concerns.
- I have checked the form and made sure that there is no missing or conflicting information.
- I have explained the time period within which parents can withdraw or change consent and have entered the necessary information at the beginning of this form.

Name (capitals) **Position/Grade**

Department..... **Contact details (Ext/Bleep)**

Signature **Date** **Time**

Interpreter's statement (if relevant)

- I have interpreted the information about the post mortem for the parent(s) to the best of my ability and I believe that they understand it.

Name (capitals) **Contact details**

Signature **Date** **Time**

PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED BY THE PATHOLOGIST

Section 10: Notes for the consent taker

1. "Anyone seeking consent for hospital PM examinations should have relevant experience and a good understanding of the procedure. They should have been trained in dealing with bereavement and in the purpose and procedures of PM examinations and they should have witnessed a PM examination" (Human Tissue Authority, Code of Practice 3, 2009).
2. Written information about post mortems should be offered to all parents before you discuss the form with them.
3. If the parents have a specific request that you are not sure about, contact the pathologist **before the form is completed**.
4. Make sure that an appropriate time and date are entered in the *Changing your mind* section at the beginning of the form, and the parent(s) understand what to do if they change their minds. The post mortem should not begin unless this section is completed. **It is your responsibility to ensure that, if the parent(s) change their minds, they will be able to contact the person or department entered on this form.** If the parents do not want a copy of the form, they should still be given written information about changing their minds.
5. **Sections 2 and 3: Tissue samples and genetic material.** If the parents do not want tissue samples or genetic material kept as part of the medical record, explain the different options for disposal (below) and note their decisions in the relevant section.

If disposal is requested, it will usually take place only after the full post mortem report has been completed. The options are: disposal by a specialist hospital contractor; release to a funeral director of the parents' choice for burial; or release to the parents themselves. For health and safety reasons, blocks and slides cannot be cremated. Genetic material is normally incinerated.
6. Send the completed form to the relevant pathology department, offer a copy to the parent(s), and put a copy into the mother's (for a stillbirth or miscarriage) or the baby's (for a neonatal death) medical record.
7. Record in the clinical notes that a discussion about the post mortem examination has taken place, the outcome, and any additional important information.