



## Perinatal Post Mortem Referral and Consent Form v5 (Fetus from 12 weeks, Stillbirth and Infant Death up to 1 year of age)

Please read NHSE Interim Clinical Commissioning Urgent Policy Statement regarding referral criteria for Perinatal Post mortem investigation of the fetal and neonatal deaths

Please ensure that **ALL** sections are completed and the placenta is sent with the baby.

If you have any queries, please contact the RVI Perinatal Secretary on 0191 282 0907 or RVI Mortuary on 0191 282 4421.

<b>Hospital of origin:</b>	<b>Gestation at delivery:</b>	<b>Date of delivery:</b>	<b>Date when IUD was detected (if applicable):</b>
<b>Amniocentesis/ CVS/ QF-PCR performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Genetics sample taken from:</b> Skin? <input type="checkbox"/> Yes <input type="checkbox"/> No Placenta? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Abnormal genetic result:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Placenta sent with baby?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (specify reason)

### Death classified as (tick one):

- Spontaneous miscarriage
- Missed miscarriage
- Stillbirth (>24 weeks gestation and death **before** labour)
- Stillbirth (>24 weeks gestation and death **during** labour)
- TOP for fetal malformation  MTOP  STOP  Feticide
- TOP for other reasons (e.g. anhydramnios, TTTS)
- Neonatal death: Time lived  days/hours/minutes

### Type of Autopsy (Tick one)

- Full
- Limited
- External only

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

**Medical History of Mother**

Parity (not including this pregnancy)  +  Consanguinity  Yes  No

LMP  Agreed EDD  BMI

Relevant Maternal Obstetric History (if any):

Relevant Maternal/Family Past Medical and Drug History (if any):

**Current Pregnancy:** Please describe events/complications leading to birth and include relevant scan reports. If live birth, please include condition at birth (Apgars, resuscitation, etc.) and discharge letters:

When was the fetal heart/movement last detected (if IUD)?

**Onset of labour**

- Spontaneous
- Induced

**Delivery**

- Cephalic
- Breech
- Instrumental
- Caesarean

**Maceration**

- Yes
- No

**Delivery of placenta**

- Spontaneous
- Manual after retention
- At caesarean section

Birth weight  g Centile

Indicate relevant complications/events/features at delivery, if any (e.g. nuchal cord, abruption, meconium, cord abnormalities, etc.)

Baby placed in cool cot?  Yes (from.....to.....)  No

Special points to be answered at PM:

It is the responsibility of the person completing this form to check the following (tick as appropriate):

- All sections of PM referral form are fully completed (mandatory)
- Copies of ultrasound reports are included (mandatory for TOP/fetal anomaly/stillbirths)
- Copy of amniocentesis/CVS reports are included (mandatory for fetal anomaly)
- Clinical notes/discharge letter are included (mandatory for neonatal deaths)

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

Please indicate the consultant to whom the PM report should be sent: .....

## Your wishes about the post mortem examination of your baby

**How to fill in this form (HTA requirement): Please read Section 10 - Notes for consent taker**

- Please encircle **YES** (where parents agree) or **NO** (where parents do not agree) in the relevant boxes.
- If tissue/organ disposal is requested, it will usually take place only after the full post mortem report has been completed (this might take up to 12 weeks). Please record parental wishes decisions in the relevant section.
- Parent(s) and the person taking consent will sign and date the form.

**Changing your mind - Post mortem examination cannot begin unless this section is completed.**

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] .....

- **Note for consent taker:** Please make sure that an appropriate time and date are entered in the **Changing your mind** section and the parent(s) understand what to do if they change their minds.

**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.

**YES**      **I/We agree to a complete post mortem examination.**

**NO**

**OR**

**B. 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.

**YES**      **I/We agree to a limited post mortem examination. Please tick (max. 2 options):**

Abdomen and pelvis

Chest and neck

Head (including brain)

**NO**

**OR**

**C. 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.

**YES**      **I/We agree to an external post mortem examination.**

**NO**

## Section 2: 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.

*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 genetic testing of **baby samples** from: Skin  YES / NO

Placenta  YES / NO

Other tissue – specify: .....

YES / NO I/We agree to the **baby genetic material** being stored for possible re-examination. If you choose NO, the genetic material will be disposed respectfully as required by law (usually incinerated). See Section 10 Item 4 for more information.

YES / NO I/We agree to be contacted by the fetal medicine or genetic team to discuss further genetics investigations (if appropriate).

YES / NO I/We agree to have a **blood sample from a parent/both parents** to store DNA in case it is needed for further genetic investigations (both parents if possible).

*For person taking bloods: please send EDTA sample with Genetic forms and write "Extraction for storage/gene panel" on request form.*

Notes to Section 2 (free text if required) .....

## Section 3: Your baby's tissue samples for examination under a microscope

**DO NOT COMPLETE THIS SECTION IF YOU CONSENTED FOR AN EXTERNAL POST MORTEM EXAMINATION.**

With your agreement, the baby 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.

YES I/We agree to the slides and blocks being kept as part of the medical record for possible re-examination.

NO If you choose NO, you must select **ONE** option from below, indicating what should be done with the tissue samples after the full post mortem report has been completed. See Section 10 Item 5 for more information.

I/We want the hospital to dispose of the slides and blocks respectfully as required by law.

I/We want the slides and blocks returned to the funeral director we appoint for separate burial. [NOTE FOR PARENTS: this usually take place only after the full post mortem report has been completed - this might take up to 12 weeks].

I/We want the slides and blocks returned to me/us at the address provided. [NOTE FOR PARENTS: this usually take place only after the full post mortem report has been completed - this might take up to 12 weeks].

Notes to Sections 3 (free text if required) .....

**Section 4: Use of baby tissue samples (slides and blocks) and images for training professionals and for research.**

**DO NOT COMPLETE THIS SECTION IF YOU CONSENTED FOR AN EXTERNAL POST MORTEM EXAMINATION.**

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.

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

**YES / NO** **I/We agree to the slides and blocks being kept and used for quality assurance and audit.**

2. Tissue samples (slides and blocks), 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.

**YES / NO** **I/We agree to anonymised slides and blocks, images and other relevant information from the post mortem being kept and used for professional training.**

3. 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.

**YES / NO** **I/We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.**

**Section 5: One or more organs needed for a longer period for diagnostic purposes.**

**DO NOT COMPLETE THIS SECTION IF YOU CONSENTED FOR AN EXTERNAL POST MORTEM EXAMINATION.**

In most cases, all the organs will be returned to your baby's body after the post mortem examination.

**Occasionally** the doctors may recommend keeping one or more organs for a longer period, 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.

**NO**

**YES** **I/We agree to further detailed examination of**  **any organ**  
 **following organ(s) .....**

**Please select ONE option only from bellow (decide what should be done with the organ(s) after the further examination is finalised):**

**I/We want to delay the funeral until the organ(s) have been returned to my/our baby's body. (NOTE TO PARENTS: this might take some weeks.)**

**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 agree to donate the organ(s) to be used to train health professionals.**

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

**NOTE TO PARENTS:**

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.

You can withdraw consent for anything that you have agreed in sections 2 to 5 at any time in the future. To do so, please contact the hospital and ask for the histopathology department.

**Section 6: Any other parental requests or concerns**

.....  
.....

**Section 7: Arrangements following Post Mortem examination**

Please select **ONLY ONE**.

- Please arrange for cremation by Newcastle upon Tyne Hospitals NHS Trust
- Please return the baby to the referring hospital. [**NOTE FOR PARENTS:** The RVI Mortuary will contact the referring hospital as soon as the post Mortem examination is complete].
- Other: please specify: .....

**Section 8: Parental consent (to be completed by the parents)**

- 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 contacted the pathologist regarding the parental specific request before the form is completed (if applicable).
- 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** .....

## Section 10: Human Tissue Authority - Notes for the consent taker.

“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 A: Guiding principles and the fundamental principle of consent and Code B: Post-mortem examination: Code of practice and standards and Licensing Standards and Guidance, April 2017 and updated Dec 2021).

1. Written information about post mortems should be offered to all parents before you discuss the form with them.
2. If the parents have a specific request that you are not sure about, contact the pathologist **before the form is completed**.
3. 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 the right to change their minds.
4. **Genetic material (Section 2)**  
If the parents do not want the genetic material to be kept as part of the medical record, it will be disposed respectfully as required by law (usually incinerated).
5. **Tissue samples (Section 3).**  
If the parents do not want the tissue samples to be kept as part of the medical record, the disposal of tissue samples will usually take place only after the full post mortem report has been completed (this can take up to 12 weeks). For health and safety reasons, blocks and slides cannot be cremated.  
The **options are:**
  - respectfully disposal by a specialist hospital contractor as required by law;
  - release to a funeral director of the parents' choice for burial; or,
  - release to the parents themselves.
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.

**NOTE: Incomplete Referral Forms will result in a delayed Post Mortem examination and, subsequently, in a delayed Post Mortem Report**

