



## Perinatal Post Mortem Referral and Consent Form v6 (Fetus from 12 weeks, Stillbirth and Infant Death up to 28 days 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 2024**

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

**For queries**, please contact RVI Perinatal Secretary on 0191 282 0907 or Mortuary on 0191 282 4421.

<b>Hospital of origin:</b>	<b>Gestation at time of 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>Abnormal genetic result:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Genetics sample taken at referring centre from:</b> <b>Skin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Placenta?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Sample taken by (type name):</b> .....	<b>Placenta sent with baby?</b> <input type="checkbox"/> Yes  <input type="checkbox"/> No (specify reason) .....	<b>Has the patient been referred to RVI Foetal medicine</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of referring consultant:</b> .....

**Death classified as (tick one):**

**Risk of infection:**  Yes    No

- Fresh miscarriage** (non-macerated)
- Missed miscarriage** (macerated)
- 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) - specify
- Neonatal death:** Time lived  days/hours/min

**Type of consented postmortem examination (Tick one)**

**Full**

**Limited**

**External only**

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

**Medical History of Mother**

Parity (*not including this pregnancy*)  +  Consanguinity  Yes  No

LMP  Agreed EDD by scan  BMI

**Relevant Maternal Obstetric History:**

**Relevant Past Medical and Drug History:**

**Maternal:**

**Family:**

**Current Pregnancy: describe** events/complications leading to birth; **include** relevant scan reports and infection screening results. **If neonatal death**, please **include** condition at birth and discharge letters.

**In case of IUD, when was the fetal heart/movement last detected?**

**Onset of labour**

- Spontaneous
- Induced
- Not applicable

**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** (e.g. nuchal cord, abruption, meconium, cord abnormalities, etc.)

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

**Any 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 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 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.
- Parents should receive a copy of signed form.

**Changing your mind**

**Post mortem examination cannot be performed if this section is not 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, Job title, Department] ..... [tel.].....  
 before [time] ..... on [day] ..... [date] .....

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

**Section 1: Your wishes about the extent of Post Mortem examination.  
 Please consent the maximum level of examination you agree can be carried out.  
 Select ONLY ONE option.**

**A. Full Post Mortem:**

This includes: an external examination; examining the internal organs via incisions; examining small samples of tissue under a microscope, taking X-rays and medical photographs; examination of placenta, if available. Tests may also be done for infection and other problems.

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

**Please note** that in some cases, the extent of the examination will be determined by clinical judgement of the pathologist, who may decide a more limited examination/tests are appropriate, guided by the ultimate goal of the likelihood of identification of significant findings. In this scenario, **the full PM examination can be converted to an external/limited PM examination by the pathologist.**

OR

**B. Limited 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 will also be examined, if available.

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

Abdomen and pelvis	<input type="checkbox"/>
Chest and neck	<input type="checkbox"/>
Head (including brain)	<input type="checkbox"/>

OR

**C. External Post Mortem:**

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

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

**YES**  **NO** I/We agree medical images and other information from the external post mortem examination to be used for audit and training professionals and research.

**Section 2: Genetic testing**

*The Genetics Consent Form and completed Genetics Request Form **must be enclosed.***

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. It is much better to take samples as soon as possible after death, at the referring hospital, as this improves the quality of analysis. However, samples for genetics can be also taken at the time of postmortem examination.

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 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 (slides and blocks) used for examination under a microscope**

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

With your agreement, the baby's 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.**

**NOTE FOR PARENTS:** If disposal is requested, it will usually take place at a later time. This is to ensure that the family have the opportunity to ask for further testing.  
**See Section 10 Item 5 for more information.**

**NO** **If you choose NO, you must select ONLY ONE option from below, indicating what should be done with the tissue samples after the post mortem report has been completed.**

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

**I/We want the slides and blocks to be dismantled and returned to the funeral director we appoint for separate burial/cremation.**

**I/We want the slides and blocks to be dismantled and returned to me/us.**

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

**Section 4: Use of tissue samples (slides and blocks), images and other information from the post mortem for audit, 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 baby's 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 anonymized slides and blocks, images and other relevant information from the post mortem being kept and used for professional training.

3. Tissue samples (slides and blocks), 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 **ONLY ONE option** 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 RVI Mortuary on 0191 282 4421.

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

.....  
.....

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

Please select **ONLY ONE option.**

- Please arrange for cremation with a service 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: Notes for the consent taker. The consent taker must have received appropriate training and to be on the RVI Mortuary list of approved consent taker.**

**Human Tissue Authority:** “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”

Please do not proceed with taking consent if you have not received training as otherwise the consent form may be invalid, and this is likely to cause delays. This includes ensuring that you have read the Human Tissue Authority’s Codes of Practice A and B and you are compliant with your Trust’s policies and requirements relating to post-mortem consent.

**Human Tissue Authority:** “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”.

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. Baby’s tissue samples (Section 3).**

If the parents do not want the baby’s tissue samples (slides and blocks) to be kept as part of the medical record, the disposal of tissue samples will usually take place several up to months a year later after the postmortem report was completed. This is to ensure that the family have the opportunity to ask for further testing.

For health and safety reasons, blocks and slides cannot be cremated; they will be dismantled and tissue collected in a small box.

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/cremation; or,
  - release to the parents themselves.
6. Send the completed Referral and Consent 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**

