



**Standard operating procedure for the care, storage and transfer of a fetus or stillborn baby**

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## **1.0 Introduction**

Dealing with the death of a baby is an incredibly difficult time and many bereaved parents want the option of spending time with their baby, rather than their baby being immediately moved to the hospital mortuary. Transferring babies to and from the mortuary is now widely regarded as an outdated practice as it is traumatic for parents to repeatedly go through the separation process.

## **2.0 Objective**

This standard operating procedure (SOP) promotes a clear and uniform approach to ensure appropriate and dignified storage of a fetus/baby, born at any gestation, as a result of a Late Miscarriage, Medical Termination of Pregnancy, Stillbirth or neonatal death. This is in accordance with the Human Tissue Authority (HTA) Standards and Guidance.

Within the maternity unit, we have two options for providing appropriate and dignified care/storage for fetuses and stillborn babies:

The Flexmort CuddleCot™ may be used for a short period to cool the baby. This is a soft flexible cool pad placed in a cot or Moses basket. It allows parent's time to bond and form memories as a family. The CuddleCot™ can be used at home by parents as well as within the hospital maternity department.

In the longer term there is the facility to store fetuses and stillborn babies discreetly and respectfully in the Fetal Refrigeration Cabinet; it stores bodies at a low temperature but allows the babies to remain on the birthing centre close to the parents, reducing the need for unnecessary transfers between the maternity unit and the hospital mortuary.

## **3.0 Scope**

This SOP is an adjunct to the following guidelines

*Clinical guideline for the Management of Stillbirth or Medical Termination of Pregnancy (MTO) from 24+0 weeks gestation*

*Guideline for the management of late miscarriage/MTOP from 20+0 to 23+6 weeks gestation*

*Guideline for the management of Neonatal Death*

This SOP provides guidance for all staff working in the Maternity Unit on the dignified care, storage and transfer of babies

## **4.0 Short term storage of babies**

When families wish to spend time with their baby in the Bereavement Suite, the baby may be cared for in the Flexmort CuddleCot™; it cools the baby to a temperature of approximately 8 degrees Celsius.

### **Caring for a baby in the Flexmort CuddleCot™**

The user guide for setting up and packing away the CuddleCot™ can be found in section '5.0 ADDITIONAL DOCUMENTATION AND REFERENCES'. A copy of the user guide is also available in the CuddleCot™ storage box.

The cot should be set up approximately an hour in advance of needing it.



1. Set up the Cuddlecot™ and at the correct temperature (8 degrees Celsius);
  2. Place the silver foil insulation pad onto the cot mattress;
  3. Place the cooling pad on top (taking care to hide the tubing if possible) and place a thin sheet over the cooling pad.
- The CuddleCot™ is now ready for use.

#### **4.1 Longer term storage of babies (e.g., overnight)**

The HTA stipulates that the refrigeration of bodies should be at a temperature of approximately 4 degrees Celsius therefore, in instances where families wish to spend extended periods of time with their baby, they should be encouraged to allow the baby to be stored in the baby refrigeration cabinet for some of the time e.g., overnight to allow the body to be preserved at a lower temperature.

#### **4.2 Storing a baby into the refrigeration cabinet:**

1. Ensure that the baby is correctly identified:  
All babies must have 2 identity bracelets attached. The baby must be clearly labelled with its' own name and also the mothers full name, unit number and date of birth (If the baby is too small to place bracelets around the ankle or wrist they should be placed around the abdomen).
2. To ensure optimal preservation of the body the baby should be clothed and completely covered with a sheet before being placed into the fridge
3. Ensure that the fridge is at an appropriate temperature (4 to 8 degrees Celsius) as per guidelines
4. Complete the '*Maternity Unit Baby Refrigeration Cabinet – Storage Record*' in full (this is an HTA licensing requirement). This is located in the file on top of the refrigeration cabinet.

#### **4.3 Removing a baby from the refrigeration cabinet:**

1. Check the identity bracelets to ensure the correct baby is being removed  
Complete the '*Maternity Unit Baby Refrigeration Cabinet – Storage Record*' in full (this is a HTA licensing requirement).
2. Transfer the baby to its' planned destination (e.g., to its parent/cold cot or the mortuary) See *Appendix 1*

#### **4.4 Suitability of facilities and equipment**

The baby refrigeration cabinet should be checked on a daily basis to ensure that it meets with HTA standards and guidance.

Daily checks should be performed to ensure that the fridge:

- Is cleaned after each use
- Is in good working order and well maintained
- Is maintaining an appropriate temperature (between 0 and 8 °C).
- The fridge temperature should be checked and logged daily.
- Is locked and alarmed at all times

The alarm triggers if the temperature goes out of the pre-set range (0-8 °C).

\* The fridge is included on the monthly cleaning schedule checklist.

If a problem is identified with the fridge, the issue should be escalated to the Senior Midwife and reported to the estates department (Ext. 2451). As a contingency, should there be an issue with the fridge, any babies stored in the fridge should be transferred either to the cold cot or to the mortuary See **Appendix 1**.



## **Transfer of a baby to the Mortuary from the Birth Centre**

### **6.0 Mortuary Card**

All babies must have a mortuary card completed with the following details:

- Patient name and address – write baby's name then "Baby of" followed by the mother's name and address (labels may be used, but must be applied to ALL four copies of the card)
- Date of birth and date of death
- Consultant (the mother's consultant)
- All items accompanying the baby must be documented, including Moses Basket, clothing, teddies/toys etc.
- A midwife must sign the card and it must also be checked and signed by a witness

N.B. The Mortuary card and the baby labels must match and include both the baby's' and the mothers' full name for identification purposes.

### **7.0 Transportation of a baby to the Mortuary**

#### **7.1 Transfer by hospital staff**

- For health and safety reasons, all babies should be transferred to the mortuary in a Moses basket and/or the pram (provided by maternity unit)
- The hospital porter is responsible for the transfer of the baby to the mortuary
- ONE member of the maternity team should escort the baby to the mortuary with the porter
- The hospital porter is responsible for putting the baby into the refrigerated area of the mortuary
- The placenta should be placed in a histology bucket and transferred to the mortuary with the baby and the relevant documentation.

#### **7.2 Transfer by parents/family members**

If a parent or family member wishes to transport the baby to the mortuary themselves, it can be arranged:

- During opening hours, the mortuary must be contacted on ext. 2335 prior to transportation in order for them to accommodate the visit
- The family member should be escorted by a hospital porter and a member of maternity staff through the hospital and over ground to the mortuary (NOT through the basement)
- The family member may only enter the mortuary through the main front door
- The family member should be shown into the family room (first room on the left as you enter the front door of the mortuary)
- They should be allowed to spend time with their baby in the family room if they so wish
- The baby should always be placed into the refrigerator by the porter
  - If the porter is unable to wait while the family spend time with the baby; the mortuary staff will be responsible for placing the baby into the refrigerator when the family are ready

OR



- Outside of Mortuary opening hours; the member of the maternity team must contact the Portering Service on 1109 to request that they return to the mortuary to place the baby into the refrigerator
- The baby should be signed into the stillbirth register by maternity staff
- The family member should not be allowed access into any other area of the mortuary except the family room
- The family member should be escorted back to the maternity department
- 

### **8.0 Admitting the Baby to the Mortuary**

- The baby should be placed by the porter into the first refrigeration cabinet in the mortuary which is labelled 'For babies ONLY'.
- The baby should be placed onto the fridge tray; in the Moses basket
- The mortuary card should be placed in the slot in the refrigerator door that corresponds to the shelf that the baby is placed on
- All relevant documentation should be left with the baby in the Moses basket
- The stillbirth register must be completed in full by either a member of maternity staff or a member of the mortuary team

### **8.1 Transferring a baby back to the Maternity Unit**

- Any transfer of a baby between the mortuary and the maternity unit must be done under the supervision of a hospital porter
- The baby must be signed in and out of the mortuary by updating the stillbirth register (with date, time, baby's destination and signature of member of staff removing the baby).
- It is the responsibility of the member of the maternity team or the mortuary team to complete the stillbirth register

### **9.0 Documentation required in the Mortuary**

All documentation relevant to the baby and placenta should be completed in full and taken to the mortuary:

#### **10.0 Baby less than 24 weeks gestation**

- Mortuary Card
- Parental Wishes form
- Certificate of Medical Practitioner/Nurse/Midwife in respect of application for cremation of fetal remains.
- Post Mortem or Post Mortem MRI consent (if applicable)
- Request for Post Mortem form (if applicable)

#### **11.0 Baby more than 24 weeks gestation**

- Mortuary Card
- Funeral documentation (will be completed by the Bereavement Midwife)
- Post Mortem or Post Mortem MRI consent (if applicable)
- Request for Post mortem form (if applicable)
- 

#### **12.0 Placentas from any Stillborn Baby/Fetus**

The placenta must be transferred to the mortuary with the baby; from there it will be transported to Sheffield Children's hospital for histology and/or cytogenetics.

- Request for placental examination form
- Histology card
- Sheffield Diagnostic Genetics service request form (Cytogenetics)

#### **13.0 Mortuary opening times:**



Monday to Thursday: 0800 to 1600 hours  
Friday: 0800 to 1530 hours

Telephone extension 2335 (direct line 01226 432335)

At weekends, Bank Holidays and at all other times, the Mortuary Technician on call may be contacted via the Hospital Duty Manager via switchboard/Bleep 219

PROUD

to  
care

5:0 Appendices

## Appendix 1 - Flexmort CuddleCot™ User Guide



### Warning



The appliance is not intended for use by children or persons with reduced physical, sensory or mental capabilities or lack of knowledge, unless they have been given supervision or instruction by a person responsible for their safety.

Children should be supervised to ensure that they do not play with the appliance. The CuddleCot is for indoor use only, altitude up to 2000m, operating temp 5-25 °C. Max relative humidity 80% at 23 °C decreasing linearly to 50% at 25 °C. Mains supply voltage fluctuations up to ±10% of the nominal voltage.

### What's In the Box?

- CuddleCot™ cooling unit
- Two soft cool pads; 1 standard for full term & 1 small pad for premature
- 3' / 90cm Hose
- Foil coated insulation
- Small bottle of biocide
- Drain Key
- Instruction manual

There is a short video to assist with set up on the dedicated CuddleCot page at [www.flexmort.com](http://www.flexmort.com)





### Note

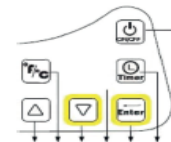
During storage purified water is left within the hose and cooling pad. The use of Flexmort's biocide neutralises bacteria and algae which could accumulate.



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### Using the CuddleCot system

1. To improve cooling efficiency, place the silver insulation under the cooling pad. Use double thickness and face the silver side upwards. 
2. Place the cooling pad and insulation in the basket on top of the mattress (if present). Ensure the two hoses which lead from the pad are exposed and pushed through the basket. A thin sheet can be used to cover the cooling pad.
3. Remove the unit from the box, plug into the electrical socket.
4. Plug the cooling pad connectors into the end of the hose. Again there should be a "click". 
5. Plug the hose containing the large plastic connector into the cooling unit. You should hear a "click". 
6. Open the filler cap and place a couple of drops of biocide into the unit. Fill the cooling unit with purified water until the water level is near the top of the viewing window. 
7. Switch on the cooling unit by pressing the on/off button. The cooling pad will start to fill and the water level will drop. Ensure there are no kinks in the hose or pad else fluid will not circulate. Continue to fill the unit with purified water until the tank remains over half full (the cooling pad will now be full of water). Always keep the unit topped up between 1/3 to 2/3 during operation. An alarm will sound should the water level drop too low.
8. Select temperature display (°C or °F) by pressing the °C/°F button on the unit. The display will show the temperature of the water in the cooling unit. Set the required temperature to the lowest setting on the control unit (i.e. 8 °C or 46 °F). To do this, press and hold the down arrow key until



8 (or 46) is displayed, then press "Enter". The unit will begin to cool the cooling pad. When the pad starts to feel cool, place the baby on the pad. Within approximately 45 mins the display on the unit will reach between 8 °C-13 °C (48-55 °F) depending on ambient conditions. These are normal operating temperatures and the cooling pad will feel cold.

9. Cover the baby with blankets as this will act as insulation. For longer term use (e.g. through the night), the baby can be fully covered with blankets (including the head).

10. Always ensure at least 15cm / 6" space remains around the unit during cooling.



**N.B. only use purified water ie, distilled, de-ionised or sterilised**

### Troubleshooting

- The unit is beeping and a blue droplet appears on the display

*The unit is low on water, see 7.*

- The cooling pad is warm and not cooling
1. Ensure there are no kinks and the unit is set at 8 °C/46 °F.
  2. There may be trapped air in the cooling pad. To remove, leave unit running and loosen the filler cap and roll the pad (like rolling a napkin) towards the hose inlet/outlet to remove the air.
- SEE VIDEO AT [WWW.FLEXMORT.COM/SERVICE](http://WWW.FLEXMORT.COM/SERVICE)**

- The unit turns off after 30/60 minutes.

*The system has a timer which may have been activated. To ensure the timer is off, press the Timer button until "0" is displayed. Continuous cooling is recommended.*





## **15.0 References**

Human Tissue Authority (HTA). Standards and guidance, B Post-mortem Examination (2021) Post Mortem Standards and Guidance (hta.gov.uk)

Human Tissue Authority (HTA). Standards and guidance, E Research (2021) Research Standards and Guidance (hta.gov.uk)

## **16.0 Roles and responsibilities**

*To ensure that all babies are stored and transferred in accordance with HTA Standards and guidance. Midwives and Maternity Support Workers have a responsibility to follow the instructions of this SOP in conjunction with the*

*Clinical guideline for the Management of Stillbirth or Medical Termination of Pregnancy (MTO) from 24+0 weeks gestation*

*Guideline for the management of late miscarriage/MTO from 20+0 to 23+6 weeks gestation*  
*Guideline for the management of Neonatal Death*

## **17.0 Training and resources**

Training will be delivered as outlines in the Maternity Training Needs Analysis. This is updated on an annual basis.

All staff will complete yearly medical device paperwork to ensure competent to operate the Cuddlecot™ .

## **18.0 Monitoring and audit**

Any adverse incidents relating to the Guideline for the dignified care, storage and transfer of a fetus or stillborn baby on the maternity unit will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The Guideline for the dignified care and storage of a fetus or stillborn baby on the maternity unit will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

## **19.0 Equality and Diversity**

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.



This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

**19.1 Recording and Monitoring of Equality & Diversity**

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

**20.0 Maintain a record of the document history, reviews and key changes made (including versions and dates)**

Version	Date	Comments	Author	

**Review Process Prior to Ratification:**

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	17/06/2021
Reviewed at Women’s Business and Governance meeting	17/12/2021
Approved by CBU 3 Overarching Governance Meeting	26/01/2022



**Trust Approved Documents (policies, clinical guidelines and procedures)**

**Approval Form**

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

<b>Document type (policy, clinical guideline or procedure)</b>	Procedure	
<b>Document title</b>	Standard operating procedure for the care, storage and transfer of a fetus or stillborn baby	
<b>Document author</b> (Job title and team)	Specialist Bereavement Midwife	
<b>New or reviewed document</b>	New	
<b>List staff groups/departments consulted with during document development</b>	Consultant obstetricians and lead midwives	
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<b>Key words for search criteria on intranet (max 10 words)</b>	Care storage transfer fetus stillborn baby	
<b>Key messages for staff (consider changes from previous versions and any impact on patient safety)</b>		
<b>I confirm that this is the <u>FINAL</u> version of this document</b>	Name: Charlotte Cole Designation: 07/02/2022	

**FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM**

<b>Approved by (group/committee):</b> CBU3 Overarching Governance
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