

Document History:

Title: Handling of Remains in Perinatal Loss **Site(s):** Shared Health Diagnostic Services
All Pathology Sites

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Section:	Pathology	Subsection:	General

Approved by: <i>(approval on file)</i>	Hayley Marshall	Date:	10-JUL-2024
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Details of Recent Revision

V01

- New Document

V1.1

- Site(s) clarified to All Pathology Sites
- Procedure 3.1.1.1 – extra bracket before the word “document” removed
- Procedure 3.4.2 – changed “Clearly label the body and covering with the infant and/or mother’s name.” to “Clearly label the body and covering with the infant’s name and/or as infant of [Mother’s name].”
- Procedure 3.4.3 – added “per provincial requirements” after “...corresponds to the time of delivery”
- Procedure 3.5.3 – changed “Clearly label the body and covering with the infant and/or mother’s name.” to “Clearly label the body and covering with the infant’s name and/or as infant of [Mother’s name].”
- Procedure 3.5.4.1 – added square brackets around mother’s name re: ‘infant of [Mother’s name]’
- Procedure 3.5.4.2 – added “per provincial requirements” after “...corresponds to the time of delivery”

DISCLAIMER: Please be advised that printed versions of any policy, or policies posted on external web pages, may not be the most current version of the policy. Although we make every effort to ensure that all information is accurate and complete, policies are regularly under review and in the process of being amended and we cannot guarantee the accuracy of printed policies or policies on external web pages. At any given time, the most current version of any Shared Health Inc. policy will be deemed to apply. Users should verify that any policy is the most current policy before acting on it.

1.0 PURPOSE

- 1.1 Define process for timely handling of stillbirth and neonatal remains within Manitoba.
- 1.2 To help patients and health care providers better understand the circumstances surrounding a stillbirth or neonatal death, autopsy and/or placental pathology examination may be requested. This service is now centralized at SBH. For family grieving and to optimize tissue viability for potential ancillary studies that may be required, timely handling of stillbirth and neonatal remains is critical.

2.0 POLICY

- 2.1 All routine perinatal autopsies will be conducted at St. Boniface Hospital.

3.0 PROCEDURE:

3.1 **WARD to confirm the specimen type and ensure necessary accompanying documentation is complete**

- 3.1.1 Products of Conception (POC): fetal loss <20 weeks gestation AND <500 grams:
 - 3.1.1.1 Follow routine surgical pathology specimen submission guidelines for your institution providing appropriate accompanying documents (i.e., consent for release of remains NS00520 and Pathology Services Laboratory Requisition used to request Products of Conception examination, document# R250-10-39 V01)
 - 3.1.1.2 Nursing or site-specific staff involved should explain options for disposition of POC remains:
 - 3.1.1.2.1 Return of POC to patient, coordinated through your institution's Admitting or Spiritual Care.
 - 3.1.1.2.2 Annual cremation and scattering of remains ceremony coordinated under your institution's policies.
- 3.1.2 Stillbirth: Expulsion or extraction occurs after pregnancy of ≥ 20 weeks and/or product weighs ≥ 500 g: continue below
- 3.1.3 Neonatal Death: death of a child under four (4) weeks of age (0 to 27 days; includes all livebirths): continue below

Note: Placental examinations from live births requiring surgical pathology examination should be submitted as per routine surgical pathology specimen submission guidelines for your institution with an accompanying Request for Placental Examination form (NS01152).

3.2 **WARD to confirm whether reporting to the Office of the Chief Medical Examiner is required**

- 3.2.1 Stillbirths of suspicious circumstances (e.g., history of mother being assaulted, history of mother falling/trauma to mother) and ALL neonatal deaths must be initially reported to the OCME. If the OCME has not already been contacted, phone 204-945-2088.
- 3.2.2 If the case is determined to be a Medical Examiner autopsy case, the Medical Examiner Investigator and forensic pathologist assigned to the case will determine next steps, including deciding at which hospital the autopsy and placental examination will be performed.
- 3.2.3 For all stillbirths without suspicious circumstances and/or stillbirth and/or neonatal cases that have been reported to the Medical Examiner and have subsequently been declined, continue below.

3.3 **WARD to confirm whether Hospital autopsy is requested by the family**

- 3.3.1 If hospital autopsy is declined by family:
 - 3.3.1.1 The body should be kept at the originating facility to await arrangements in order to prevent unnecessary delay. Nursing or site-specific staff involved should explain options for disposition of remains:
 - 3.3.1.1.1 Return for private burial, coordinated through Funeral Home.

- 3.3.1.1.2 Annual cremation and scattering of remains ceremony coordinated under your institution's policies.
 - 3.3.1.2 The placenta should be submitted for surgical pathology examination following routine surgical pathology specimen submission guidelines for your institution with accompanying Request for Placental Examination form (NS01152). Placental examination can provide critical information in cases of stillbirth.
 - 3.3.2 If hospital autopsy is requested by family continue below: **non-HSC sites** Step 3.4; **HSC** Step 3.5
- 3.4 **NON-HSC SITES: Ward, with assistance of your institution's Admitting Department, coordinate transfer of body and placenta with necessary complete paperwork to St. Boniface Hospital**
- 3.4.1 Nursing or site-specific staff involved should explain to patients that infant will be transferred to SBH for examination and should explain options for disposition of remains following autopsy:
 - 3.4.1.1 Return for private burial, coordinated through funeral home.
 - 3.4.1.2 Annual cremation and scattering of remains ceremony coordinated under your institution's policies.
 - 3.4.2 **Ward:** Clearly label each container containing the body and placenta (e.g., 1 of 2 PLACENTA, 2 OF 2 INFANT/STILLBIRTH) or place in same clearly labelled same container (e.g. 1 of 1 PLACENTA AND INFANT/STILLBIRTH). Per provincial legal requirements, wrap body in an opaque covering and place in a leakproof container/shroud/bag. Clearly label the body and covering with the infant's name and/or as infant of [Mother's name]. Clearly label the placenta container with the mother's name.
 - 3.4.3 **Ward:** Without unnecessary delay, forward complete necessary accompanying paperwork to your site's Admitting Department, which includes:
 - 3.4.3.1 Signed consent with decedent listed as 'Last Name, Infant' in cases of neonatal death or 'Infant of [Mother's Name]' in cases of stillbirth in addition to any given names. Consent forms **MUST** be signed prior to discharging the mother.
 - 3.4.3.2 Necropsy clinical data form (NS00955) completed and signed by a physician. The time of death in cases of stillbirth corresponds to the time of delivery per provincial requirements.
 - 3.4.3.3 Request for Placental Examination (NS01152; may not be applicable in cases of neonatal death).
 - 3.4.3.4 Parent contact information.

Note: For stillbirths, all forms and specimens should be labelled with mother's name/addressograph. For neonates, all forms and specimens should be labelled with infant's label/addressograph.
 - 3.4.4 **Admitting Department of originating institution:** Without unnecessary delay, phone the Senior Patient Registration Clerk, St. Boniface Hospital, 204-237-2402, to review paperwork for completeness.
 - 3.4.5 **Admitting Department of originating institution:** Once verbally reviewed and approved by Senior Patient Registration Clerk, fax paperwork to St. Boniface Hospital Patient Registration, 204-231-4007, and arrange for transfer of decedent (with placenta if applicable) from your institution to SBH morgue through Premier Removal Services or Winnipeg Funeral Transfer Service or a licensed funeral home.

Note: Paperwork and transfer arrangements are made directly through the SBH Admitting Department. There is no requirement to contact HSC or SBH Pathology Departments as this can introduce unnecessary case delay.

Note: To cancel a family-requested autopsy before the procedure has been performed (i.e., family changed their mind), contact both your site's and the SBH Admitting Departments immediately. Only the family has the right to cancel an autopsy.

- 3.5 **HSC: Submit placenta to HSC surgical pathology.**
Ward: With assistance of your institution's Admitting Department, coordinate transfer of body with necessary complete paperwork to St. Boniface Hospital.
- 3.5.1 **Ward:** Submit placenta fresh to surgical pathology for examination with accompanying Request for Placental Examination form (NS01152). Indicate on the form that autopsy has also been requested. Placental examination can provide critical information in cases of stillbirth.
- 3.5.2 Nursing or site-specific staff involved should explain to patients that infant will be transferred to SBH for examination and should explain options for disposition of remains following autopsy:
- 3.5.2.1 Return for private burial, coordinated through Funeral Home.
- 3.5.2.2 Annual cremation and scattering of remains ceremony coordinated under your institution's policies.
- 3.5.3 **Ward:** Per provincial legal requirements, wrap body in an opaque covering and place in a leakproof container/shroud/bag. Clearly label the body and covering with the infant's name and/or as infant of [Mother's name].
- 3.5.4 **Ward:** Without unnecessary delay, forward complete necessary accompanying paperwork to your site's Admitting Department, which includes:
- 3.5.4.1 Signed consent with decedent listed as 'Last Name, Infant' in cases of neonatal death or 'Infant of [Mother's Name]' in cases of stillbirth in addition to any given names. Consent forms MUST be signed prior to discharging the mother.
- 3.5.4.2 Necropsy clinical data form (NS00955) completed and signed by a physician. The time of death in cases of stillbirth corresponds to the time of delivery per provincial requirements.
- 3.5.4.3 Parent contact information.
- Note:** For stillbirths, all forms and specimens should be labelled with mother's name/addressograph. For neonates, all forms and specimens should be labelled with infant's label/addressograph.
- 3.5.5 **HSC Admitting:** Without unnecessary delay, phone the Senior Patient Registration Clerk, St. Boniface Hospital, 204-237-2402, to review paperwork for completeness.
- 3.5.6 **HSC Admitting:** Once verbally reviewed and approved by Senior Patient Registration Clerk, fax paperwork to St. Boniface Hospital Patient Registration, 204-231-4007, and arrange for transfer of decedent from your institution to SBH morgue through Premier Removal Services or Winnipeg Funeral Transfer Service or a licensed funeral home.

Note: Paperwork and transfer arrangements are made directly through the SBH Admitting Department. There is no requirement to contact HSC or SBH Pathology Departments as this can introduce unnecessary case delay.

Note: To cancel a family-requested autopsy before the procedure has been performed (i.e., family changed their mind), contact both your site's and the SBH Admitting Departments immediately. Only the family has the right to cancel an autopsy.

3.6 Quick Reference Flow Chart:

Products of Conception/Stillbirth/Neonatal Death Flowchart

