

Guidance on the disposal of pregnancy remains following pregnancy loss or termination

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Purpose of this guidance

1. This guidance should be used to inform policies and procedures governing the disposal of pregnancy remains resulting from pregnancy loss or termination of pregnancy. It applies to any health service or organisation involved in managing pregnancy loss or termination of pregnancy (hereafter referred to as 'service provider').

Introduction

2. This guidance sets out the minimum standard expected from service providers responsible for the disposal of pregnancy remains following a pregnancy loss or termination. This guidance sets out the principles applicable to all three standard disposal options: cremation, burial, and incineration. It also includes a section on returning the pregnancy remains to the woman.
3. Relevant service providers should ensure their policy and procedures governing the disposal of pregnancy remains do not limit the disposal options given to the woman or how the woman responds to a particular preference being expressed. Women may have a partner who will be involved in the disposal decision and the guidance should be taken to include a partner where appropriate.
4. This guidance applies to England, Wales and Northern Ireland.
5. Additional guidance on the disposal of pregnancy remains is also available from the Royal College of Nursing: [Managing the Disposal of Pregnancy Remains](#).
6. The term 'pregnancy remains' is used throughout in relation to pregnancy losses arising from an ectopic pregnancy, miscarriage, or early intrauterine fetal death. It also applies to terminations of pregnancy which have not exceeded the 24th week of pregnancy.
7. The guidance does not apply to stillbirths (babies born dead after the 24th week of pregnancy) and neonatal deaths. Nor does it apply to the disposal of embryos created in vitro (for fertility treatment or embryo research); these are regulated by the Human Fertilisation and Embryology Authority.

8. The Human Tissue Act 2004 (HT Act) makes no distinction between the disposal of pregnancy remains and the disposal of other tissue from a living person; pregnancy remains are regarded as the tissue of the woman. While consent is not required for the disposal of pregnancy remains, a woman's wishes regarding disposal options should be respected and acted upon.
9. While some women may not experience pregnancy loss as a bereavement, the disposal of pregnancy remains can be part of the bereavement process for those who do. As a result, the disposal of pregnancy remains of any gestation should be treated with care, respect, and in keeping with the woman's wishes.

Developing a disposal policy

10. Service providers may wish to identify and involve local stakeholders and service users when developing a disposal policy. This engagement can help ensure the disposal policy is responsive to user needs and reflect local circumstances.
11. The policy should set out the disposal options available, associated processes and timescales, and how the woman should be informed of these. It should be written in an accessible way.

Communicating information

12. The loss or termination of a pregnancy can be a sensitive time for a woman. Service providers should be in a position to provide women with information about disposal options in a variety of ways. Patient-facing information should be available in multiple languages according to local need.
13. Service providers should ask the woman at a suitable time whether and how she would like to receive information and if she would like to discuss disposal options. The woman should be supported in a caring and sensitive manner to enable her to make an informed decision that is right for her. Women who need more time to make a decision should be given that opportunity. It must be clearly communicated to the woman how long she has to make her decision and that after that point, the pregnancy remains will be disposed of in accordance with the service provider's local policy.
14. In some cases, the woman may welcome receiving the information and an offer to discuss the disposal options. The woman should be given information in accordance with her preference (whether orally and/or in written form) and an opportunity to discuss the disposal options at an appropriate time, should they wish to.

15. Some women may decline the offer of information and/or not wish to discuss or be involved in decisions about the disposal options. Providing she has been made aware that information is available and that she has a choice, a woman's expressed wish not to engage in the matter of disposal should be respected.
16. The information provided to the woman should be sensitive to different cultural identities and heritage perspectives and include an explanation of the various disposal options. It should also explain who to contact to request a particular disposal option and set out the timescales for this. Personal, religious or cultural needs relating to the disposal of the pregnancy remains should be met wherever possible. The information should also include an explanation of what will happen if the woman does not wish to make a decision and would prefer the service provider to handle the disposal of the pregnancy remains.
17. The woman should be given sufficient time to make a decision and should be informed of the timescales when first given information about disposal options. If the woman does not make a decision about how she would like her pregnancy remains to be disposed of within the locally specified period (which should not exceed 12 weeks), the service provider should make arrangements for the disposal of the pregnancy remains in line with their local policy and in accordance with this guidance.
18. In some instances, the woman may ask for the pregnancy remains to be returned to make her own arrangements. Local policies should set out what will happen if the pregnancy remains are not collected within the locally specified time period and this should be communicated to the woman when discussing disposal options.
19. If not collected, the service provider should try to establish contact with the woman within a reasonable timeframe to clarify her wishes; she may have changed her mind. If the service provider considers it necessary to write to the woman, any such correspondence should be sensitively managed and should clearly set out what the woman is being asked to do and what will happen if she does not respond within a reasonable timeframe.
20. Where a response is not received, the service provider should decide the most appropriate method of disposal for the pregnancy remains in accordance with their local policy.
21. The woman's decision about disposal, including a decision to decline the offer of information and choosing not to be involved in the decision about disposal, should be recorded in their healthcare record.

Staff requirements

22. All staff who may be asked or expected to provide information about disposal options should be aware of their local policy and be able to discuss the disposal options with the woman. They should have sufficiently detailed knowledge and understanding of the practical aspects of each form of disposal to be able to effectively communicate this information to the woman.
23. Staff should be suitably trained to support the woman in a caring and sensitive manner.
24. Pregnancy loss can impact staff involved in the care of a family and service providers should recognise that many staff providing such care may have been personally impacted by pregnancy loss themselves. Staff should have access to local support and wellbeing services, including counselling, and be signposted to the support and resources available to them.
25. Staff should take into account and be sensitive to what is important to the woman. This may include – but is not limited to – partners, family, beliefs and values, religion, culture and heritage. At all times it should be remembered that each decision is particular to the individual woman.

Disposal options

26. Cremation, burial, incineration or the return of the pregnancy remains to the woman when requested, should always be available options.
27. Records of how and when the pregnancy remains were disposed of should be maintained by the service provider. This includes, where relevant, the name of the cemetery, crematorium or location of incineration. This is to ensure information can be provided to the woman at a later date if requested.

Cremation

28. Although not covered by the Cremation (England and Wales) Regulations 2008, pregnancy remains may be cremated and crematoria are generally willing to provide this service. Any such arrangements are likely to be dependent on agreements between relevant service providers and the local crematoria to agree the level of service to be provided. If this service is not available locally, it may be possible for service providers to negotiate with other crematoria further afield.
29. The Institute of Cemetery and Crematorium Management (ICCM's) policy and guidance 'The Sensitive Disposal of Fetal Remains' contains a draft agreement that may be helpful: www.iccm-uk.com.

30. If it is not possible to access the services of a crematorium, the service provider should explain to the woman that it cannot arrange for the cremation of the pregnancy remains. However, the woman should be given the opportunity to make her own arrangements or identify a crematorium to which the pregnancy remains may be sent on her behalf.
31. The woman should be informed by the service provider if their arrangement with a crematorium involves communal cremation, and alternative disposal options should be discussed if required.
32. As a minimum, a woman's pregnancy remains should be in its own individual sealed container. Individual sealed containers can be collected together into a larger sealed container. In any communications with the crematorium about communal cremation, service providers should be able to identify each set of pregnancy remains. Personal and confidential information should not be shared without the express permission of the woman.
33. In the case of a communal cremation, the service provider should explain to the woman that ashes cannot be returned to them. However, the woman should be told where the ashes will be scattered or buried. In discussing individual cremation, women should also be told that ashes may not always be recovered. The charity 'Sands' has produced guidance on this topic, which can be accessed on their website: www.sands.org.uk.

Burial

34. Pregnancy remains may be buried. Local burial authorities should be consulted to establish what level of service is available. If burial is not available locally, it may be possible to contact other burial authorities to identify if they can accept and arrange burial of the pregnancy remains.
35. The woman should be informed by the service provider where burial arrangements are for communal burials, and alternative disposal options should be discussed with her if required.
36. As a minimum, the pregnancy remains should be in individually sealed coffin or container. Sealed containers or coffins can be collected together into a larger sealed container. In any communications with burial authorities about communal burials, service providers should individually identify each set of pregnancy remains. Personal and confidential information should not be shared without the express permission of the patient.

37. When discussing the option of communal burials, the woman should be told there will be no individual memorialisation available to mark the location of the burial.

Incineration

38. Pregnancy remains may be incinerated. Although incineration and cremation both involve the pregnancy remains being burnt, it is important that women are made aware that they are not the same disposal option. Cremation is often associated with a ceremony and/or religious or spiritual ritual and takes place within a registered crematorium under the oversight of a Registrar. This does not typically take place for an incineration, which takes place at a licensed waste site and where it is not possible to collect the ashes. The distinction between incineration and cremation should be clearly explained.
39. The pregnancy remains should be packaged and stored in suitable containers, separate to other clinical waste, prior to incineration. The method of packaging and storing pregnancy remains should be included in the service provider's policy.
40. In certain settings it may be possible to consider optional additional arrangements for disposal of the pregnancy remains, for example by involving a hospital chaplain or local spiritual leaders.
41. The woman's wishes is the primary consideration and where a woman has opted for incineration because they do not wish pregnancy remains to be given any special status, this should be respected.
42. Where incineration is the disposal method used, the date of the collection and the location of the incineration should be recorded.

Returning the pregnancy remains to the woman

43. Some women may wish to make their own arrangements for the disposal of pregnancy remains. It is appropriate in these cases for the service provider to offer advice and assistance, although any costs incurred will typically be the responsibility of the woman.
44. It is important that service providers should be confident that the woman has made an informed decision and to ensure the woman is aware of all disposal options available. If a woman requests that the pregnancy remains be returned to them, these should be stored in an appropriate container (opaque, watertight and biodegradable). The container should be stored in a safe place and made available for collection by the woman or her nominated representative.

45. The decision to return pregnancy remains and the date of collection should be recorded in the woman’s healthcare record. The woman should be given written confirmation that she is entitled to take the pregnancy remains and to make her own arrangements for disposal in line with relevant information, such as local protocols governing clinical waste management.
46. Some women may wish to take pregnancy remains home, for example to hold a wake, and then return pregnancy remains for disposal. This should be supported by the service provider as far as is practicable and followed in line with the above guidelines.

END

Revision control		
Section	Content change	Date revised
Full guidance	Introduced new guidance	March 2015
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