Pregnancy Tissue Examination Consent Form

Affix Patient Addressograph

Patient Name:

DOB:

Hospital Number:

We are sorry for your loss, please accept our condolences. We want to acknowledge how difficult this time may be for you however it is important that we know your wishes about the next steps.

This consent form is to provide you with information and options about what happens to your pregnancy tissue following your miscarriage, as pregnancy tissue cannot be examined without your consent.

Unfortunately, it is not always possible to give a reason for your miscarriage however we recommend that your pregnancy tissue is examined.

Histological Examination - A pathologist will examine your pregnancy tissue under a microscope. Please note, this examination cannot establish the cause of your miscarriage. However, the results may help determine if any further tests or treatment are appropriate and may identify any risk to future pregnancies.

Cytogenetic testing - This can only be offered if you have had 3 or more consecutive miscarriages. This test looks for a genetic cause for pregnancy loss by looking at the chromosomes (genetic information). This is carried out at Birmingham Women's Hospital and we will make all of the arrangements for this on your behalf. It can take between 8-12 weeks for the results to be available. The results from the investigations above may help determine if any further tests or treatment are appropriate and may identify any risk to future pregnancies.

I confirm I have read the information above.

Please tick only ONE box below to indicate your wishes otherwise the form will not be valid.

(Staff: whole POC are required for either accurate histology or best possible cytogenetics - discussion with patient must select which is most important (tick only one box)

Histological Examination ☐ *(staff to complete ICE request)*

Cytogenetics testing (if appropriate) ☐ *(staff to complete ICE request and BWH Cytogenetics form)*

No examination ☐

Patient Signature:	**Nurse/Doctor Signature:**
Print Name:	**Print Name:**
Date:	**Date:**
Patient phone number:	

Products of Conception (POC) consent Form - Version: 3.1. Index: ED-U-HIS -POC consent Form. Printed: 22-Jul-2024 15:47

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After examination (or immediately if you have not consented for any examination) there are a number of options for your pregnancy tissue, which you will need to choose from

1) **Sensitive arrangements** - We can arrange for this incineration process for pregnancies only. A hospital chaplain can also bless your pregnancy tissue prior to this process if you wish.

2) **Take home** - you can choose to take your pregnancy tissue home with you and make your own arrangements. If you have opted for examination of your pregnancy tissue first, then our Bereavement Support Midwives will contact you to arrange collection of your pregnancy tissue. Your own arrangements may include burial in your garden, a planter with flowers, under a shrub or by a tree. Wherever you decide, please check your local council guidelines (on their website) before going ahead.
Alternatively, you may consider contacting an independent funeral director.

3) **Individual cremation arranged by the hospital** - our Bereavement Support Midwives can discuss this with you further, and make arrangements on your behalf with our funeral director.
You can contact our Bereavement Support Midwives (number below).

Please be aware that as part of the examination, all of your pregnancy tissue may be used to provide an adequate result and may be held in glass slides/paraffin blocks. These can be returned to you in this manner if this is your wish (option 2). It may still be possible to have the paraffin blocks cremated however no further examination can be carried out in the future.

If you have any further questions or concerns, please speak with one of the healthcare professionals looking after you or you can call them following your discharge home on:

Bereavement Support Midwives: 01905763333 ext: 30583 or 07764921511, (Mon-Fri 8.30-4:30pm)
Early Pregnancy Assessment Unit Nurses: 01905 733060, (Mon-Fri, 8:00-4:00pm)
Emergency Gynaecology Assessment Unit: 01905 761489, (24 hours ,7 days a week)

I confirm I have read the information above.

Please tick only ONE box below to indicate your wishes.

Sensitive arrangements **with** hospital chaplain blessing ☐

Sensitive arrangements **without** a hospital chaplain blessing ☐

Take home ☐

Individual cremation arranged by the hospital ☐

Patient Signature:	**Nurse/Doctor Signature:**
Print Name :	**Print Name:**
Date:	**Date:**

Staff should ensure copies of this 2-paged form to:

Patient ☐ Patient's Medical Notes ☐

Laboratory ☐ BSM Communication Folder if patient opts for 'take home/cremation' ☐ N/A ☐