Policy Title/Number: Anatomical Examination and Disposition of Remains of Fetuses and Newborns OP 20-10.16


Categories: Medicolegal

Contributors: Marie Williams Decedent Affairs Program Coordinator
Graham Gerdeman, Laboratory Supervisor, Surgical Pathology
Shari Jones, Manager, Patient Care Services, Labor & Delivery
Robert D. Hoffman, MD, PhD

Review Responsibility: Operations Policy Committee

Effective Date: December 1989

Last Revised Date: January 2006

Team Members Performing:
- All faculty and staff
- All faculty and staff providing direct patient care or contact
- MD
- RN
- LPN
- VUSN/VUSM students
- Other licensed staff (specify): Decedent Affairs Liaison
- Other non-licensed staff (specify):
- Not Applicable

Guidelines Applicable to:
- VUH
- VMG*
- VCH
- PHV
- VUSM
- VUSN
- Other (specify):
- Exceptions (specify):
- Not Applicable

* Includes satellite sites unless otherwise specified.

Specific Education Requirements: Yes X No Not Applicable

Physician Order Requirements: Yes X No Not Applicable
ANATOMICAL EXAMINATION AND DISPOSITION OF REMAINS OF FETUSES AND
NEWBORNS

I. **Outcome Goal:**

To, when necessary, obtain appropriate consent and perform examinations and
disposition of remains in accordance with established guidelines and Tennessee
law in the event of the death of a fetus or newborn at Vanderbilt University
Medical Center (VUMC).

II. **Policy:**

Advise parents of the nature of post-mortem examination. Parents must give
consent for the disposition of remains in the event of the death of a fetus or
newborn.

III. **Specific Information:**

A. **Reporting of Fetal/Neonatal Deaths**

1. All fetal deaths of three hundred fifty (350) grams or more, or in
the absence of weight, of twenty (20) weeks or more (viable),
are reported to the State within ten (10) days of death. The
nursing staff in Labor and Delivery complete the Report of Fetal
Death form (# PH 1668), organize the information, and send it
to the State.

2. Every induced termination of pregnancy is reported to the State
within ten (10) days of the termination. The nursing staff in
Labor and Delivery completes the Report of Induced
Termination of Pregnancy form (# PH 1518), organize the
information, and send it to the State.

3. Prior to any medical or surgical pathology exam or cremation of
a viable fetus, the attending physician, or physician designee
notifies the Davidson County Medical Examiner of
fetal/neonatal death in accordance with Tennessee Law and
Vanderbilt policy OP 20-10.14 Deaths Requiring Reporting to
the Medical Examiner.

4. In the event a death occurs following a live birth of any
gestational age, the physician completes a Report of Death
(located in Star Forms- Death Reports Category); Nursing staff
notifies Tennessee Donor Service and Decedent Affairs. The remains are autopsied in accordance with the procedures in B.4 or 5, below. Medical Information Services issues the Birth Certificate. The Neonatal Intensive Care Unit attending physician or physician designee completes the state issued Certificate of Death and forwards the Certificate to Decedent Affairs.

B. Disposition of Remains

1. Regardless of the duration of pregnancy, the parents must authorize the final disposition of fetal/neonatal remains. Because of the sensitive nature of this issue and the importance of obtaining appropriate consent, adequate counseling must be provided by designated staff in consultation with the attending physician. The Fetal Disposition form (less than 350 grams), MC #2963, or the Neonatal Disposition/Autopsy form (greater than 350 grams), MC #2972, must be completed prior to autopsy or surgical pathology examination. These forms document parental consent for examination of the remains and disposition.

2. In the event that cremation or release is requested without examination of the body, nursing staff notify Decedent Affairs and send the body to the morgue to be placed in the designated area. A copy of the Neonatal Disposition/Autopsy form (greater than 350 grams) must accompany the body and a working copy is faxed to Decedent Affairs. Decedent Affairs is responsible to coordinate the disposition process.

3. In the event of an examination of fetal/neonatal remains, the placenta must be sent along with the body.

4. A surgical pathology exam is available for stillborns less than 350 grams if ordered by the physician. A copy of the Fetal Disposition/Autopsy (less than 350 grams) form remains with the body, and is sent to surgical pathology with a Surgical Pathology requisition. A copy remains on the maternal chart, and a working copy is faxed to Decedent Affairs.

   a. “Products of Conception (POC)” – ectopic, missed abortions, early losses etc. – A Fetal Disposition Form is required for all “POCs” intrauterine, extra-uterine, and fetuses.

   b. Placental fragments/placenta tissue – A Fetal Disposition Form is not required. It should be labeled to include
phrases that do not cause confusion. Suggested phrases include “placental fragment” or “uterine content”. Do not label a placenta fragment or any placental tissue alone as “Products of Conception (POC)”. This forces the lab to process the material as if there was a fetal tissue.

5. If an autopsy is desired, a working copy of the Neonatal Disposition/Autopsy Form (greater than 350 grams) is faxed to Decedent Affairs. Nursing personnel send the body to the morgue with a copy of the form. The original stays with the infant or maternal chart. Following autopsy, the Decedent Affairs Liaison or designee releases the body to the funeral home or responsible person.

6. Nursing staff notify the Decedent Affairs Liaison anytime an examination is requested on fetal/neonatal remains. Decedent Affairs verifies that all paperwork is complete and coordinates the appropriate disposition.

7. At the family’s request, the Decedent Affairs Liaison notifies them when the remains/cremains are available and of the annual memorial service. The Decedent Affairs Liaison or a designee (i.e., Clinical Unit staff-in coordination with Decedent Affairs) may return the actual remains/cremains.

C. Requests for Information

1. Refer requests for information regarding the post-mortem examination to the attending physician or the Decedent Affairs Liaison.

2. Refer requests for information regarding the disposition of fetal/neonatal remains to the Decedent Affairs Liaison.

D. FAQ

1. **What should be done with “POC” that are solely the fragments of a placenta? How should they be labeled, and what paperwork is required?**
   a. Do not label a placenta fragment or any placental tissue along as “POC”. This forces the lab to process the material as if there was fetal tissue. Phrases that do not cause confusion include “placental fragment” or “uterine content”.
2. **What should be done with ectopic, abortions, early losses, etc?**
   a. These are POC. An abortion or any pregnancy loss does require completion of all the appropriate paperwork. We must obtain a Fetal Disposition Form from the mother for all these POCs (intrauterine and extrauterine) and fetuses, then send a copy to surgical pathology with the requisition.

IV. **Cross References:**

- VUMC Forms. Fetal Disposition (less than 350 grams), MC #2963. Neonatal Disposition/Autopsy form (greater than 350 grams), MC #2972.
- OP 20-10.14 Deaths Requiring Reporting to the Medical Examiner
- OP 10-10.09 Administrative Procedures following a Patient’s Death
- OP 20-10.01 Organ and Tissue Donation after Death

Post Mortem Checklist retrieved online via e-docs, search word “mortem”.

V. **Endorsement:**

Operations Policy Committee – October 2005

VI. **Approval:**

/s/ Larry Goldberg, Executive Director & CEO, VUH 1/3/06
/s/ C. Wright Pinson, MD, VMG Chief Medical Officer 12/16/05
/s/ James E. Shmerling, CEO, Vanderbilt Children’s Hospital 12/6/05