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# NHS Management Executive

To: Unit General Managers  
SHA General Managers  
NHS Trust Chief Executives

Copy: Regional General Managers  
District General Managers  
FHSA General Managers

EXECUTIVE SECRETARIAT	
RCVD. 29 OCT 1992	
FOR ACTION BY	
COPIES SENT TO:-	

Department of Health  
Richmond House  
79 Whitehall  
London SW1A 2NS  
Telephone 071-210 3000

EL(91)144  
12 December 1991

Dear Colleague,

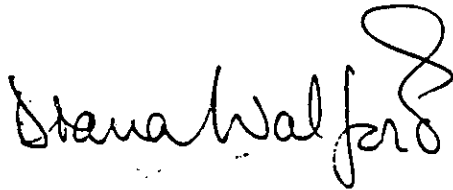
### Sensitive disposal of the dead fetus and fetal tissue

1. You will recall the statement by the Chief Executive to the press on 26 June 1991 on this subject in which he asked hospitals to act with special sensitivity when disposing of fetuses and fetal tissue. This letter contains further advice on the matter.
2. There is a respect due to the dead fetus which is based upon its lost potential for development into a fully-formed human being. That respect is due no matter what the circumstances of the loss (ie stillbirth, miscarriage or termination of pregnancy). With that important factor in mind, I should be grateful if you would satisfy yourself that current arrangements for disposing of fetuses and fetal tissue are acceptable.
3. It is important that hospital authorities take account as far as possible of any personal wishes which have been expressed about disposal. In the case of incineration a further basic requirement is the use of separate containers for fetal tissue, separate delivery to the incinerator and separate loading. One way of determining whether current arrangements are satisfactory might be to ask health professionals whether they would feel able to answer parents' questions about the method of disposal without causing distress.
4. Maternity Services Liaison Committees represent the views of a cross-section of professionals and users of services and will be a helpful source of advice on these matters. Advice can also be obtained from the following voluntary organisations: the Stillbirth and Neonatal Death Society (SANDS), the Miscarriage Association and Support After Termination for Fetal Abnormality (SATFA). The annex lists the addresses of the organisations' national bodies.
5. Finally, some concern has been expressed about the position of ancillary staff in relation to the handling of fetuses and fetal tissue following termination of pregnancy. Although such staff are not covered by the provisions of Section 4 of the Abortion Act 1967, which acknowledges conscientious objection to participation in *treatment* authorised by the Act, hospital managers will wish to ensure that the same principle is applied to any ancillary staff who express a conscientious objection to the handling of fetuses or fetal tissue.



6 Please address any enquiries about this letter to Mr J P Crook, Child Health, Maternity and Prevention Division 3, Room 404 Wellington House, 133-135 Waterloo Road, London SE1 8UG, Tel 071 972 2000 Ext 24194.

Yours sincerely,

A handwritten signature in cursive script that reads "Diana Walford". The signature is written in dark ink and is positioned to the left of the typed name.

Dr D Walford  
Director of Health Care/Medical Director  
NHS Management Executive

This letter will be reviewed in 1995

***National addresses of voluntary organisations concerned***

Stillbirth and Neonatal Death Society<sup>†</sup>  
28 Portland Place  
London  
W1N 4DE  
071-436 7940 (Administration)

The Miscarriage Association  
c/o Clayton Hospital  
Northgate  
Wakefield  
WF1 3JS  
0924-200795

Support After Termination for Fetal Abnormality  
29-30 Soho Square  
London  
W1V 6JB  
071-439 6124

<sup>†</sup>SANDS' *Guidelines for Professionals on Miscarriage, Stillbirth and Neonatal Death* were circulated to the service on 25 April this year.