

*Note to readers: Secular Pro-Life provides this protocol as a framework to help healthcare institutions offer compassionate, respectful care following pregnancy loss. All of the following are suggestions and can be adapted as appropriate to each hospital's resources, patient population, and regulatory environment.*

*Special thanks to the SPL volunteers—including attorneys, medical professionals, and loss parents—who worked together to write this protocol.*

## **[Hospital Name] Protocol: Fetal Remains Disposition & Patient Support Policy**

**Policy Number:** [Insert Number]

**Effective Date:** [Insert Date]

**Department Responsible:** Obstetrics & Gynecology / Labor & Delivery / Emergency Department

**Review Cycle:** Annually

*At all times "fetal remains" can refer to remains of the embryo or fetus at any point in pregnancy up to 20 weeks*

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### **I. Purpose**

To ensure respectful, compassionate, and legally compliant care for patients experiencing miscarriage. This policy outlines disposition options for remains, support services, memory-making opportunities, and standardized communication procedures.

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### **II. Scope**

This policy applies to all hospital personnel who provide care to patients undergoing, anticipating, or having completed a miscarriage.

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### **III. Policy Statements**

#### **1. Respectful Disposition Options**

- The hospital **must offer** all patients the following options for fetal remains:
  - **Respectful cremation** coordinated by the hospital, clearly distinct from medical waste incineration.
  - **Release of remains to a licensed funeral home** of the patient's choice.
  - **Release to another authorized institution**, such as a private lab, for permitted handling (e.g., genetic testing, private cremation).

## 2. Genetic Testing

- Genetic testing may be offered. A small tissue sample is collected, with the remainder of the remains handled according to the patient's selected disposition method.

## 3. Patient Communication

- All patients:
  - Receiving news that a miscarriage is likely,
  - Actively miscarrying, or
  - Who have miscarried,must be **provided a written explanation** detailing their rights and options.
- Any patients who inquire about miscarriage options must be given this same information.

## 4. Standardized Written Information

- Written materials must include:
  - Clear explanations of all disposition options.
  - Definitions distinguishing respectful cremation from medical waste disposal.
  - Contact list of **funeral homes** and authorized labs (see Section VI).
  - Information about **home recovery kits**.
  - A list of available **grief counselors** and **spiritual care advisors**.
  - Memory-making options.

## 5. Home Recovery Kits

- Patients who miscarry at home may request a **Home Recovery Kit**, including:
  - A collection basin,
  - Disposable gloves,
  - Small sieve,
  - Biohazard bag,
  - Written instructions for use and respectful disposition,

- Grief support resources and funeral contact information.

## 6. **Grief and Spiritual Support**

- All patients experiencing miscarriage must be **offered referrals** to:
  - **Licensed grief counselors**, with special training in pregnancy loss.
  - **Hospital-based or affiliated spiritual advisors**, including chaplains or clergy from diverse religious backgrounds.
  - **Patient advocates of choice**, such as doulas, social workers, or similar.
- Contact information for these resources must be included in the written packet and documented in the patient chart when offered.

## 7. **Memory-Making Options**

- Where remains are visually identifiable, patients must be offered **opportunities for memory-making**, including:
  - **Photographs** of the child,
  - **Footprints or handprints**, if possible and appropriate,
  - **Keepsake containers** or memorial certificates (optional),
- Staff should be trained to approach these options sensitively and without pressure.

## 8. **Staff Training**

- Required annual training must include:
  - Compassionate miscarriage communication,
  - Cultural sensitivity,
  - Disposition options,
  - How to sensitively offer memory-making and support services,
  - Proper use and explanation of home recovery kits.

## **IV. Procedure**

### **1. At Time of Miscarriage Notification or Confirmation**

- Staff provide written packet and verbal summary of:
  - Disposition options,
  - Genetic testing,
  - Grief and spiritual support referrals,
  - Memory-making opportunities.
- Patient's questions are answered and preferences documented.

### **2. Genetic Testing Procedure**

- Consent is obtained.
- Tissue is sampled and remaining remains preserved pending the patient's disposition decision.

### **3. Release to Funeral Home or Lab**

- Hospital coordinates transfer according to institutional policy.
- Chain-of-custody and consent forms are completed.

### **4. Support Referrals**

- Referrals to counselors or spiritual care documented in the chart.
- Follow-up contact or appointments scheduled if patient agrees.

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## **V. Documentation**

- Patient acknowledgment of options and any decisions must be recorded in the [Fetal Remains Disposition Acknowledgment Form].
  - Use [Miscarriage Support Services Checklist] to document offerings of grief support, memory-making, and written materials.
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## VI. Local Contacts

### Funeral Homes & Authorized Institutions

| Name             | Address   | Phone   | Notes   |
|------------------|-----------|---------|---|
| [Funeral Home A] | [Address] | [Phone] | Accepts remains under 20 weeks                  |
| [Lab B]          | [Address] | [Phone] | Offers testing and cremation                    |
| [Funeral Home C] | [Address] | [Phone] | Offers private cremation, sliding scale pricing |

### Grief Counselors

| Name          | Affiliation                | Phone   | Notes                             |
|---------------|----------------------------|---------|-----------------------------------|
| [Counselor A] | [Hospital social services] | [Phone] | In-person or telehealth available |
| [Counselor B] | [Local support center]     | [Phone] | Specializes in perinatal loss     |

### Spiritual Care Advisors

| Name                        | Affiliation           | Phone   | Notes                         |
|-----------------------------|-----------------------|---------|-------------------------------|
| [Chaplain A]                | [Hospital chaplaincy] | [Phone] | Multi-faith spiritual support |
| [Rabbi, Pastor, Imam, etc.] | [Faith organization]  | [Phone] | Available on request          |

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## VII. References

- AAPLOG or ACOG Practice Bulletin: Early Pregnancy Loss
- State Regulations on Fetal Remains Disposition
- Hospital Ethics and Patient Experience Committee Recommendations

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## VIII. Review & Approval

Approved by:

- ☐ Ethics Committee
  - ☐ Patient Experience Committee
  - ☐ OB/GYN Department Head
  - ☐ Legal Counsel
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