

# COOLING A BABY'S BODY AFTER DEATH

## A POSITION STATEMENT

Gundersen Medical Foundation  
[www.ResolveThroughSharing.org](http://www.ResolveThroughSharing.org)  
608.775.4747 | 800.362.9567 x54747



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BEREAVEMENT SERVICES

*To cite this document*

We invite you to use this position statement in references for articles, standard operating procedures, policies, and protocols. This document may be reprinted in its entirety without alterations. Verbatim portions of the statement or paraphrasing are permissible when the citation is included:

Wilke, J., & Limbo, R. (2015-2016). *Resolve Through Sharing® position statement on cooling a baby's body after death*. (Rev. ed.). La Crosse, WI: Gundersen Lutheran Medical Foundation, Inc.

*Endorsement*

The Pregnancy Loss and Infant Death Alliance (PLIDA) endorses this position statement on cooling a baby's body after death ([www.plida.org](http://www.plida.org)).

## Position Statement

### Summary

Since its inception in 1981, Resolve Through Sharing (RTS) has promoted parent and family contact with their baby who has died. Recently, professional care providers and bereaved parents have raised the issue of whether or not a baby's body needs to be cooled while at the mother's bedside. Some have linked the length of time a baby can remain with the family to availability of a cooling system.

**Through this statement, Resolve Through Sharing experts want to reassure clinicians that they should continue to encourage parents to spend as much time holding and being with their babies with or without a cooling method.**

### Key Questions

- Does a deceased baby need to be cooled in order to stay in the room with parents?  
**Rarely (See below for a few examples)**
- Does cooling determine how long the baby can be with parents and family?  
**No**
- If cooling is needed, what effective options exist in a hospital?  
**Cooling blanket or pad, or designated refrigeration on the unit or in the morgue**

### The Facts

*Generally, does a hospital need to have a cooling process for deceased babies' bodies?*

No. Some parents may choose to cool their baby in order to slow the natural body changes after death, such as skin slippage, peeling, and dehydration. However, a deceased baby does not need to be cooled in order to stay with parents for an extended amount of time.

After death, most parents want to continue contact with their baby through holding, bathing, touching, kissing, and cuddling. This parent-child interaction affirms the baby's existence and allows for memories to be created. This time also allows for others to see and meet the baby, participate in rituals, create keepsakes, and to say good bye.

Parents can be offered the choice to cool their baby if your facility has respectful means of doing so (see *How can the baby's body be cooled effectively?*). In most cases, cooling the baby's body is not essential.

*Under what circumstances is it recommended to use a cooling process?*

Babies have stayed with parents for several days without being cooled. When making the decision to keep the baby in the room after birth, each family should be informed of all of the relevant outcomes so that they can decide what is best for them and for their baby.

- **Body Integrity**

After death, the integrity of the baby's body will change over time and cooling does slow the process. In the case of a stillborn baby who died several days or more before birth, body integrity has already been affected because changes begin at the time of death. For example, skin slippage begins 6-12 hours after death.

Some funeral directors advise that the body's integrity be considered for viewing purposes (e.g., an open casket funeral). This is a choice the parents can make based on their values and beliefs.

- **Tissue Donation**

If the baby is going to be a tissue donor, the body must be cooled, and the recovery of tissue needs to take place within a specified time frame. Your local tissue bank will assist you with this schedule. However, the parents should have the opportunity to see and hold the baby after the surgery if they desire to do so. At that point, cooling is no longer necessary.

- **Autopsy**

If the baby is going to undergo an autopsy, the hospital laboratory protocol may require it to be done within a specific time frame after death. However, delay has little to no impact on the pathology studies, so the family should be given the option to see and hold their baby's body as long as possible before and after the procedure.

### *How can the baby's body be cooled effectively?*

If the family decides that they want their baby to be cooled, there are two options: a mechanism resulting in cooling of the whole body and/or surface cooling.

- Refrigeration, either in the morgue or on the unit where the baby's mother is a patient, cools the baby's entire body.
- Surface cooling can be accomplished with cold water circulation blankets and cold forced-air blankets. This technology is readily available in most hospitals. Neonatal blanket sizes are available if you wish to order them. The baby can be bundled in a receiving blanket with a cooling blanket or placed on top of the cooling blanket in a bassinet. The family can remove the baby from the cooling blanket if they wish and then readjust when they feel cooling is desired. Another option for surface cooling is a specially-designed pad within a bassinette or a bassinette-shaped basket.
- Any type of cooling of a baby's body after death that involves a mechanical device (e.g., a refrigerator, cooling blankets, a cooling pad within a bassinette or bassinette-type basket) will require easy access to an electrical outlet as well as adherence to infection control and other hospital code requirements.

## References

For more information on industry position statements, seeing and holding babies, the care of baby after stillbirth, infection risks, and postmortem pathology studies related to length of time the baby is held, please use the following resources.

### Resolve Through Sharing (RTS)

- Limbo, R., Toce, S., & Peck, T. (2008-2009). Resolve Through Sharing (RTS) position paper on perinatal palliative care. La Crosse, WI: Gundersen Lutheran Medical Foundation, Inc. Retrieved from Resolve Through Sharing website: <http://www.gundersenhealth.org/resolve-through-sharing/publications-and-research/position-papers>
- Wilke, J., & Limbo, R. (Eds.). (2012). *Resolve Through Sharing® bereavement training: Perinatal death* (8<sup>th</sup> ed.). La Crosse, Wisconsin: Gundersen Lutheran Medical Foundation, Inc.

### Pregnancy Loss and Infant Death Alliance (PLIDA)

<http://www.plida.org/position-statements>

- Infection Risks Are Insignificant When Parents Have Contact With Their Baby After Death
- Delaying Postmortem Pathology Studies
- Bereaved Parents' Right to Self-Determination Regarding Their Baby
- Offer the Baby to Bereaved Parents With Relationship-Based Care

### Other

Limbo, R., & Lathrop, A. (2014). Caregiving in mothers' narratives of perinatal hospice. *Illness, Crisis, & Loss*, 22(1), 43–65.

National Association of Neonatal Nurses. (2010). *Palliative care for newborns and Infants: Position statement #3051*. Retrieved from Resolve Through Sharing website:

<http://www.gundersenhealth.org/resolve-through-sharing/publications-research-resources/articles-and-position-papers>

Warland, J., & Davis, D. (2011). *Caring for families experiencing stillbirth: A unified position statement on contact with the baby: An international collaboration*. Retrieved from Resolve Through Sharing website: <http://www.gundersenhealth.org/resolve-through-sharing/publications-research-resources/articles-and-position-papers>

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