

Question

I am looking for some guidance as I implement bereavement care into our emergency and same day surgery departments.

I am also looking to improve our offerings of final disposition options for patients. I want to offer the option to send the baby, at any gestation, to the funeral home for a service or cremation. Is this reasonable?

I am also wondering if it should be routine to offer the option to see the POC after a procedure. This will involve a change from putting the POC in Normal Saline instead of formalin. Should that option be offered, or is it better not to offer that option, because the baby wouldn't be intact after the procedure?

Answer

Thank you for your inquiry. We are so grateful for your commitment to providing standardized care to miscarriage patients and their families, regardless of where they enter the healthcare facility. We hope our response will provide guidance and support as you travel this path.

Below are some resources you may find helpful.

1. [It's Never Too Early™ White Paper and Clinical Guidelines](#) (2017)
It's Never Too Early™ (INTE) is an RTS initiative designed to disseminate a standard of care for families experiencing miscarriage. Topics covered in the INTE White Paper and Clinical Guidelines include determining the meaning of the loss, communicating with the patient, co-creating with the patient and family, and guidelines for respectful treatment of fetal remains.
2. [Offer the Baby to Bereaved Parents With Relationship-Based Care](#) (2008; Revised 2016)
This position statement, written by the Pregnancy Loss and Infant Death Alliance (PLIDA), addresses the need for an individualized approach. With any pregnancy loss, the healthcare provider should engage parents in periodic conversations, eliciting their thoughts and feelings about spending time with their baby or babies. Cultivating an empathic relationship with the parents enables them to ask for what they need during this difficult time.
3. [The Interdisciplinary Guidelines for Care of Women Presenting to the Emergency Department with Pregnancy Loss](#) (2017)
These guidelines, published by the National Perinatal Association, offer specific principles and practices for the emergency department team.
4. *RTS Bereavement Training Practice Handbook: Perinatal Death* (1984-2012, 2017)
The practice handbook you received at RTS Bereavement Training: Perinatal Death can be an excellent resource. Pages 101, 178, and 179 provide information on offering cremation as an option for early pregnancy loss.

After a procedure, we suggest presenting the baby in an [RTS TinyHeart™](#), on a small blanket, or in a similarly respectful holder, instead of putting the POC in any medium. During RTS Training: Perinatal Death, we shared the story of a couple who had an ectopic pregnancy. Several weeks after the loss, the couple – who, at the time of the loss, did not think they would grieve – decided they wanted to see their baby. The nurse respectfully placed the sealed specimen bag containing the remains into a [Preshand Box™](#) and prepared the parents for what they would see. The bag holding the remains contained what might be viewed as blood clots and a little undetermined tissue, but to the parents, this was their son.

The salient point is that each family identifies their baby, and each family decides what respectful disposition means to them.