

Interim HTA advice on the handling of fetal tissue: an update

July 2014

A Channel 4 Dispatches programme in March 2014 highlighted pregnancy loss and the disposal of fetal remains.

In response to the programme, Dr Dan Poulter, Health Minister, made clear that the practices highlighted in the programme, where incineration of fetal remains occurred rather than burial or cremation in line with the woman's wishes, is not acceptable. This view was subsequently communicated to all NHS Trust Chief Executive Officers and Medical Directors in a letter from Sir Bruce Keogh. The HTA's initial response is [reported on our website via a letter to Professor Dame Sally Davies, Chief Medical Officer](#).

The Human Tissue Act 2004 (HT Act) makes no distinction between the disposal of fetal remains of less than 24 weeks gestation and the disposal of other tissue from a living person; fetal remains are regarded as the tissue of the woman. Although under the HT Act, consent is not required for the disposal of fetal tissue following pregnancy loss, the sensitive nature of fetal remains is highly important and the wishes of the woman, and her understanding of the disposal options open to her, are of paramount importance and should be respected and acted upon.

The HTA has been tasked with developing new guidance and coordinating efforts to ensure that practice changes where necessary. In doing so, we are collaborating with the Royal Colleges, Care Quality Commission and others, both on the development of the guidance and on its dissemination. The guidance will be included in a revised version of our Code of Practice on disposal, later this summer. Our aim is to produce practical guidance, which is sensitive to parents and not overly burdensome on those who will be tasked with acting upon it.

It is essential that guidance and practice on disposal recognise fully the sensitivity required when dealing with fetal tissue and the need to take account of the wishes of the woman. The type of situations highlighted in the Channel 4 Dispatches programme, where fetal remains were incinerated without consulting the women concerned, rather than buried or cremated, are totally unacceptable and it has been made clear that any such practices should cease immediately.

Ahead of the revised guidance being published in the summer, it is important that establishments ensure that for all pregnancy loss of less than 24 weeks (including termination of pregnancy) the needs of the woman are considered and acted upon. In all cases, the woman should be made aware that there are options for disposal;

she should be offered verbal or written information and the opportunity to discuss these options, and her wishes should be carried out.

Establishments should recognise and respect the wishes of those women who choose not to engage in the matter of disposal. Whatever the woman's choice, the need for sensitive disposal must be borne in mind at all times.

Cremation and burial should be the default methods of disposal for all pregnancy loss and termination of pregnancy, regardless of whether or not there is discernible fetal tissue. Collective cremation and burial are acceptable. Incineration must only be used where the woman makes this choice or does not want to be involved in the decision. Where this is the case, it must be done with good reason, as sensitively as possible and separately from clinical waste. Records of the decision and the method of disposal must be kept.

- If you are concerned about practices or would like further information and advice please contact enquiries@hta.gov.uk.
- Further information for those working under an HTA post mortem licence is available in our [post mortem sector directory](#).

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