6) Relatives’ decision on disposal of remains (Section 47) – in practice, it is normally the nearest relative who arranges for the disposal of remains but currently this is not set out in legislation. The Bill seeks to make clear which relatives should be allowed to arrange for the disposal of remains in the event of a child’s death or still-birth. It creates a list of the nearest relatives who may do so and specifies that each nearest relative ranks equally if more than one nearest relative exists.

This part looks as if it is more relating to stillbirth and infant loss rather than pregnancy loss. NHSWI would be looking at the mother or the father of the stillborn to make the informed decision on the disposal of the remains. Although, the paragraph then goes on to discuss the arrangements for the disposal rather than decision on disposal. NHSWI provides choices as to how they can dispose of a pregnancy loss mainly, cremation, privately via undertaker or via hospital - cremation or burial at private hospital plots on Lewis. As to the arrangements of the process, midwives will often make arrangements for the parents unless they wish to do this privately themselves. It is not clear who should be making such decisions on form of disposal if, the mother or father are unable to make that decision. This could run into biological father or adoptive father, next of kin etc.

7) Disposing of remains from pregnancy loss at or before twenty-fourth week (Sections 50-53) – the Bill specifies that in the first instance the right to make the decision about pregnancy loss lies with the woman who has experienced the loss. She may also give permission for an individual over 16 years, or the appropriate health authority, to make this decision. The Bill provides a procedure for a woman to make a change to the arrangements for disposing of remains in certain circumstances. Where an authorised individual over 16 years has been designated to deal with the remains, the Bill also enables that person to authorise the appropriate health authority to arrange for disposal of remains. Where a health authority has been appointed to dispose of remains, it must do so within 7 days.

Normally, the decision would be taken from the mother who experienced the loss, does the document state if there is any relation to the person over 16? There must be clear guidance on who this person is and why they may make this decision?

The 7 day element of disposal may be an issue for us on the Islands as the nearest crematorium is based in Inverness; getting products to Inverness if, for example, from Barra may be beyond that deadline depending on weather conditions etc.

8) Disposal of remains by Health Authorities (Section 54) – the Bill seeks to address what happens if no arrangements are made for the disposal of
remains of pregnancy loss at or before the twenty-fourth week within the relevant period contained in sections 51 and 52. It provides a duty on the appropriate health authority to dispose of the remains.

If the remains were being held in the Western Isles NHSWI could continue to contact the patient in the first instance and inform them that we must dispose of the remains in accordance with policy. Patients are provided with this information in leaflet format at the time of the loss if, they have not made a decision on how to dispose of the loss. Likewise, if the remains had gone to Inverness for histopathology and remain in their mortuary the same applies.

(9) Register of disposal of remains (Section 55) – the Bill provides a duty on each health authority to maintain a register recording the disposal of remains when pregnancy loss occurs at or before the twenty-fourth week. In the policy memorandum to the Bill, it states that the way in which information is recorded on the cremation register will not identify a woman who has experienced pregnancy loss. Instead a unique identifying number will be used.

NHS WI uses Inverness crematorium for such loss and sometimes they are done collectively but, they are able to identify by this unique number the cremation register cannot identify the woman but it is traceable back via the hospital mortuary. For burial we supply our registrar with a date only if the decision is to bury the remains. A locally based record of the outcomes of these burials (since January 2015), is kept so that NHSWI can identify which plot they have gone to.

NHS Western Isles