
Diploma in Funeral Arranging and Administration

Module 4	Unit 12	Arranging a Funeral for a Baby or Child.
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Purpose and Aim of the Unit:	The purpose of the unit is to develop learners' understanding of the legal definitions relevant to the death of a baby / child; the use of appropriate documentation and the implications of arranging the funeral of a child/baby.
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This unit has 7 learning outcomes.

LEARNING OUTCOMES This unit has 7 learning outcomes.	
The learner will:	
1	Know the different types of legal definitions appropriate to baby deaths.
2	Know the legal requirements for a child's/baby's funeral.
3	Understand the factors to consider when removing a deceased child/baby.
4	Know the additional considerations for a child's/baby's funeral.
5	Understand the purpose of documentation for a child's/baby's funeral.
6	Understand the importance of offering and responding to bereaved parents' choices.
7	Understand the importance of assisting the client with aftercare following the death of a child/baby.



Introduction

Great care and sensitivity is required when communicating with parents and family where loss of a baby or child has taken place. Arranging the funeral of a baby or a child, whether that baby is looked upon as being foetal remains, still birth, infant, a young child or a child approaching teenage years is irrelevant – the parents are experiencing deep trauma and shock.

There is little any one can do or say to help ease the pain of losing a baby or a child. It is a time no parent ever wants to experience or indeed forgets, a time of unbearable anguish and sorrow. And yet, experience has shown that what happens in the hospital and community when a baby or a child has died can have life long repercussions. It can affect the severity and duration of parental grieving as well as the ability of parents to resume a normal life.

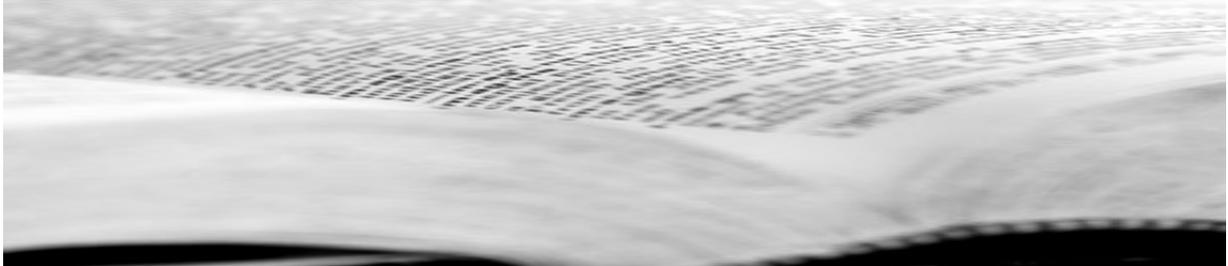
Parents need to be given the choice to participate in the care of their baby or child following loss as much as they wish. Arrangements should not be rushed, as parents need space and time to consider the options open to them regarding cremation or burial as well as viewing and creating mementoes – parents can often change their minds given they are on many occasions still in shock following their loss.

The Funeral Arranger / Director should ensure that all options are sensitively presented and that those making the arrangements are not pressed for an immediate decision.

Learning Outcome.1

Know the different types of legal definitions appropriate to baby deaths.

Defintions



MEDICAL DEFINITIONS AND TERMINOLOGY:

1. **FOETAL REMAINS** - A child born dead prior to the 24th week of gestation. NB. Often referred to as a 'Non- viable foetus' or a 'Pre-viable foetus'.
2. **STILL-BIRTH** - The Still-Birth (Definition) Act 1992 which came into force on 1st October 1992 defines a still-born child as being a child, which having been completely expelled from its mother after twenty-four weeks of pregnancy, shows no sign of life.
- 3 **LIVE BIRTH**
A child born after 24 weeks in gestation
The following definitions are also used, although from the perspective of certification they do not affect the funeral director.
- 4 **PERINATAL**
A child dying after 24 weeks in gestation, including a stillbirth, or a child born alive but who dies within the first seven days.
5. **NEONATAL**
A death occurring within 28 days of birth, irrespective of the duration of pregnancy.
6. **POSTNATAL**
Death of a child who lives for at least 28 days but who dies before their first birthday.

Learning Outcome 2

Know the legal requirements for a baby / child funeral.

LEGAL REQUIREMENTS FOR THE DISPOSAL OF A BABY OR CHILD FOLLOWING DEATH: ENGLAND AND WALES

Foetal Remains

The product of an aborted pregnancy is classified as a 'Non-viable' or 'Pre-viable' foetus and as such is not recognised under current legislation. In the past it was generally accepted that the Hospital Authority disposed of these remains, by incineration. To many parents, however, this was their child, for which they may have planned for a long time and for whom they may wish to arrange a burial or cremation service. As there is no specific statutory legislation for dealing with the burial or cremation of foetal remains, it is a matter for each Burial or Cremation authority to consider how such remains may be disposed of.

In 1992 The Institute of Burial and Cremation Administration updated the guidelines - originally published in 1985 - as to the disposal of foetal remains and those recommendations have been subsequently widely adopted throughout Great Britain. It must be emphasised that the guidelines have no legal status, but nevertheless, have been accepted as permitting the disposal of non-viable foetal remains in a decent and reverent manner. The Institute recommends that the burial or cremation authority obtain the following documentation in the case of each foetus:

BURIAL:

- (i) Certificate of Medical Practitioner/Midwife
- (ii) Application for interment

CREMATION:

- (i) Certificate of Medical Practitioner / Midwife
- ii) Application for Cremation – Cremation 3. Although this is for a Stillbirth, it can be adapted for the cremation of foetal remains
- iii) Authorisation of cremation – Cremation 13
- iv) Funeral Director's instruction form.

NB. If the wish is for the child to be interred in a Churchyard, permission must be sought from the incumbent before making any arrangements.

For Burial or Cremation It is essential that a Medical Practitioner should Issue a Certificate In the following form:

CONFIDENTIAL

..... **CREMATION/BURIAL NO.**

NAME OF BURIAL/CREMATION AUTHORITY

CERTIFICATE OF MEDICAL PRACTITIONER IN RESPECT OF FOETAL REMAINS

I hereby certify that I have examined the foetal remains of:

of (Mother's name)

..... (Address)

delivered on at

..... am/pm of weeks gestation and that

at no time was there any sign of life.

I have no reason to suspect that the duration of the pregnancy was shortened by violence, poison or any unlawful act and I know no reason why any further examination or enquiry should be made.

(Print name).....Signature

Address

..... Date

Registered qualifications Tel. No.

Crematoria may adapt or use Cremation 3 as a means of identifying the remains and recording the wishes of the parent(s).

As it is unlikely that cremated remains will be available, the parent(s) should sign a statement indicating that they understand and accept that situation, e.g.

“I/We acknowledge that it may not be possible to recover any remains following the cremation and that if this application has been made on behalf of the parent(s) that this possibility has been made known to them.”

Signature(s)

Date

STILL – BIRTHS – ENGLAND AND WALES

The Unit on Registration has indicated that still-births must be registered in the sub-district where the still- birth occurred. The Registrar must receive either:

- (i) A satisfactory Certificate of Still-birth issued by a doctor or certified midwife OR
- (ii) The Informant shall make a statutory declaration to the effect that no Registered Medical Practitioner or certified midwife was present at the birth or has examined the body, or that his/her certificate cannot be obtained and that the child was not born alive.

NB. These cases are usually referred to the Coroner.

A stillbirth is required to be registered within 42 days, but cannot be registered after 3 months. Registration can often be done at the hospital.

Stillbirth registration began in July 1927 to help protect infant life and it gives the parents the opportunity to officially acknowledge their child and to give him or her names if they so wish. It is also an important source of historical and statistical information.

Who can register a stillbirth?

If the parents are married to each other then either parent can register the stillbirth. However, if they are not married to each other then any of the following can apply:

- The father’s details can be entered in the register and both parents can sign.
- If the father is unable to attend, but the parents want his details recorded then he will have to make a statutory declaration acknowledging his paternity which will have to

be given to the registrar.

- If the mother cannot attend the register office with the father, she will have to make a statutory declaration acknowledging the father's paternity and this will have to be given to the registrar.

The father's details may be added at a later date however, by re-registering the stillbirth.

If neither parent can attend the registrar then the following people may act as informants:

- The occupier of the house in which to the knowledge of that occupier the still-birth occurred.
- Any person present at the still-birth.
- Any person in charge of the still-born child.
- In the case of a still-born child found exposed, the person who found the child.

*Occupier in relation to a public institution includes the Governor, Keeper, Master, Matron, Superintendent, or other Chief Resident Officer.



The 1987 Regulations require particulars of the following matters to be registered:

- 1 Date and place of birth
- 2 Cause of death and nature of evidence that child was still-born
- 3 Sex of child

In respect of the father:

- 4 Name and surname
- 5 Place of birth
- 6 Occupation

In respect of the mother:

- 7 Name and surname
- 8 Place of birth
- 9 (a) Maiden surname
- (b) Surname at marriage if different from maiden surname
- 10 Usual address (if different from place of child's birth)

In regard to the informant:

- 11 Name and surname (if not the mother or father)
- 12 Qualification
- 13 Usual address (if different from (10) above)
- 14 Signature of informant
- 15 Date of registration
- 16 Signature of Registrar

The Registrar will issue a 'Certificate for Burial or Cremation (STILL-BIRTH)' unless the case has been reported to the Coroner, who following an inquest, will issue Form 99A to the Registrar, thus acting as the informant. The Coroner, in these cases, will also issue his 'Order for Burial' or 'Order for Cremation'.

Because forty-two days are allowed for registration, and to allow burial to proceed, provided the Registrar has received a satisfactory Medical Certificate of Still-birth, the Registrar may issue a 'Certificate for Burial (STILL- BIRTH) - Before Registration.' This Certificate cannot be used for Cremation.

NB. There is no counterfoil on the 'Certificate for Burial or Cremation (Still-Birth)' to be returned to the Registrar



Upon request, the Registrar will issue a 'Certificate of Registration of Still-birth'. There is room on this Certificate for the child's name to be inserted,- such a Certificate can mean so much to the parents.

REGISTRATION OF A STILLBIRTH IN SCOTLAND

Registration of a neo-natal death:

Procedure is the same as for an adult death.

Registration of a still-born child:

A still-born child is defined as a child which has issued forth from its mother after the 24th week of pregnancy, and which did not, at any time after being completely expelled from its mother, breathe or show any other signs of life.

Persons required to give information for the registration of a still-born child are:

- The father - of a legitimate-child only
- The mother
- OR, in the case of the death or inability of the father and mother A relative of either parent, being a relative who has knowledge of the birth The occupier of the premises in which the child was born, to the knowledge of that occupier Any person present at the birth.

Any qualified informant giving information to the Registrar of Births, Deaths and Marriages of the particulars required to be registered concerning a still-birth shall:

- (a) EITHER give the Registrar a 'Medical Certificate of Still-birth' - Form 6 - issued by a registered medical practitioner who was present at the birth or who has examined the body of the child, or by any registered midwife who was present or examined the body;

OR

- b) make a declaration in the prescribed form - Form 7 - to the effect that to the best of his knowledge and belief no Registered Medical Practitioner or Registered Midwife was present at the birth or has examined the body, or that his or her certificate cannot be obtained and that the child was not born alive.

The Registrar will issue: Certificate of Registration - Form 8.

The still-birth must be registered within 21 days. Registration can take place in either the office of the Registrar for the registration district in which the still-birth occurred or in the district where the parents have usual residence.

REGISTRATION OF A STILLBIRTH IN NORTHERN IRELAND

Registration of Still-born Child

A still-born child is defined as a child which has been completely expelled or extracted from its mother after the twenty fourth week of pregnancy and which did not at any time after such expulsion or extraction breathe or



show any other evidence of life.

Persons required to give information of the particulars to be registered concerning a still-birth

1. The mother.
2. The father (of a legitimate child only).
3. The occupier of the house in which to the knowledge of that occupier the still-birth occurred.
4. A person present at the still-birth
5. A still-birth can be registered when a Certificate of Still-birth, Form 306, is issued and signed by a registered Medical Practitioner present at the still-birth, OR, if no registered Medical Practitioner is in attendance, the certificate can be signed by a certified midwife present at the still-birth.

The Registrar will issue

- Certificate of still-birth - Form G.R.O. 34
- Copy of the entry in the register (if required) - Form 2.

The still-birth must be registered within forty two days. Registration can take place in either the office of the Registrar for the district in which the still-birth occurred, or in the district where the parents have their usual residence.

Learning Outcome 3

Understand the factors to consider when removing a deceased baby.

Communication with Parents

Irrespective of the legal definition surrounding the death of a baby, the need for sensitive communication underpins effective funeral arranging and funeral directing throughout the period from taking the first call through to the day of the funeral. Communication in relation to caring for bereaved parents and their families can be particularly challenging during a stressful and emotionally draining time.

The use of any form of funeral related jargon should be avoided. Technical jargon of any description will be detrimental to parents' understanding and can lead to added frustration to what is already a very delicate situation. Parents may still be in shock and may be experiencing denial regarding the loss of the infant and as a result, they will struggle to retain factual information and the need to make logical decisions.



Where there is a legal requirement for post-mortem this can cause considerable distress for the parents. It is important to encourage close communication between the professionals involved to minimise the impact on both parents. Funeral directors should aim to provide parents with as much help and support as is reasonably practicable and encourage parents to ask questions at any time and to feel comfortable in expressing any concerns or worries about the care of their baby.

A significant factor is to allow time for the parents to absorb information and not to rush any decision making.

Should the parents consider Cremation as an option, funeral directors must ensure that parents are sensitively advised that there is little scope for a baby's ashes to be present following the cremation. For this reason, the option of burial should be offered, including exploring with parents the long term benefits of being able to visit their baby's grave. The choice for cremation or for burial is a decision the parents will need to make but sufficient time to consider the options should be allowed. After a decision is made, funeral directors should assess how much information given the parent's have understood including what they need to know and do next.

It is important to recognise that loss of a baby is a traumatic experience for all concerned and what we in the funeral service may believe is relevant may be viewed very differently by the parents depending on their cultural or religious belief.

Some parents may not wish to see or hold their baby after death at all, whilst others may not want to be separated from their baby – either way, arrangements to guide parents through the early stage of their loss should be made.

Communication with Nursing and Care Staff.

Sensitivity should also be shown when communicating with end of life care and nursing staff, as they too may find the loss upsetting, especially if the baby or child has been in their care for some time.



Funeral Arrangers / Funeral Directors should ensure the removal team treat the removal of a baby or a child with extreme sensitivity, including the child's parents.

Always Refer to the Child / Baby by name – this is just as important after death.

Recognise that there is sometimes a need to repeat the same explanation or information several times.

Parents experiencing stress may only absorb a little of what you have explained so enough time must be given for parents to ask questions. Some questions may be extremely difficult for parents to consider and ask; particularly if they think their question is an unusual request.

However these questions may be important, not only to inform and empower parents but to allay their fears. Information should be honest and clear – use simple explanations where possible and do not make assumptions about what parents might know or want to do.

Removal from a Children's Hospice



For children that have died from life limiting illnesses, it is likely that they will have had some involvement with the local Children's Hospice, and it may be that the staff at the hospice will play a significant role in caring for the deceased child from the time of death up until the funeral. It should be noted that the staff



will have likely formed a strong bond with the deceased child and their family and this support will be invaluable for the bereaved parents.

A hospice will often have excellent facilities for caring for a deceased child, including a temperature controlled viewing areas, a chapel or bedroom with adjoining family accommodation so that parents can remain close to their baby or child up until the funeral. The hospice or hospital may also have equipment such as cold plates that they may be willing to lend to funeral directors, if indeed the child is to be taken home. If necessary arrangements may be required to provide prolonged viewing arrangements that you may be unable to facilitate at the funeral home.

Staff at the hospice are likely to wish to care for the deceased child, and their approach may be very different from that which you usually adopt. For example, a child with a neurodisability loses the ability to close their eyes, even during sleep, so prior to death their eyes may not be closed and because the parents are used to seeing their child sleeping with their eyes open, it would therefore not be appropriate to close them upon death.

Generally embalming and other invasive procedures are to be avoided and it may not be seen as necessary to close a mouth. Any appendages are usually removed such as lines into veins or the stomach and these areas would be covered with a waterproof dressing. Staff will not intentionally wish to encroach on the duties of the funeral director, but see this care as an on-going part of the care that they have already been carrying out.

Tremendous thought will have gone into the procedures at the hospice for example, and they will attend to such details as providing warm blankets for parents when sitting with their child in the cold room and providing family support and counselling. Staff may be sensitive to the kind of vehicle you use, the attire you wear, and the equipment you use. Therefore, funeral directors are strongly recommended to make contact with their local hospice or hospital to discuss these issues generally, as well as confirming



procedures for each individual case. When you do arrive at the hospice to bring the child into your care, be aware that there will be other families and children present and be as discreet as possible.

Learning Outcome 4

Know the additional considerations for a baby / child funeral.

A Parent's Right

Parents have a right to arrange a private funeral whether it be burial or cremation, however, if cremation of a baby or young child is intended they must be advised that there may be no cremated remains. If burial is intended the parents may request that a child be placed in a purchased adult grave, specifying that sufficient depth be allowed for further interments, in a purchased child's plot or in a common grave. In the latter case parents should be advised of the usual restrictions pertaining to common graves.

The Committee for Professional Standards has produced guidelines for all funeral arrangers and funeral directors to work to. The guidelines are as follows:-

NAFD GUIDELINES BABY AND INFANT CREMATION

Definitions:

Foetal remains are defined as a foetus which is delivered at less than 24 weeks gestation and after delivery has shown no signs of life.

Still-birth is defined as a baby delivered at 24 weeks gestation or more which has shown no signs of life after delivery.

Neonatal is defined as a baby who is born alive but dies within the first 28 days of life.

Infant is used to refer to any baby who has died after 28 days before reaching their first year.

It is important to realise that contact from a family who has lost a baby, may come before, during or after any interaction with the hospital. The hospital may offer a " shared " funeral for the baby (more commonly known as a communal service. This should be referred to as a " shared " funeral , or the parents may wish



to use a funeral director. It must be made clear that “shared” refers to the process of cremation and therefore it will not be possible to separate the cremated remains.

Firstly, there must be great sensitivity of communication with parents and other member of the family who may contact you initially. The family should be given time to discuss the options available to them , both during the funeral arrangements and afterwards once they have had time to consider the choices made. The funeral director must also understand that the parents and family who make the arrangements may not take in and store the information given to them, due to the shock and trauma they have experienced and they may ask the same questions repeatedly over time.

It may take some time for the parents to decide on burial or cremation. It must be stressed to the parents that there may not be cremated remains available to be returned to them.

A good local knowledge of the burial options in your area, together with assistance from the cemetery or churchyard, will aid the family in deciding, to either have a grave in the children’s area (if available) or a grave for the baby and their parents so they may be re-united in years to come.

It is important for funeral directors to have knowledge of how their local crematorium carries out stillborn and infant cremations. Whilst the funeral director may never be asked, it is necessary to know whether the crematorium cremates in stainless steel trays or has a specific infant cremator. The decision as to whether cremated remains are returned (if recovered) is to be made by the parents, not by the funeral director and the client/applicant must sign the appropriate cremation form accordingly.

There are many options for the parents to decide how the funeral is personalised. There are options for music, order of service, hymns, various type and styles of coffins, vehicles to convey the coffin, colours of clothing etc. The parents may wish to have a very private funeral or to open the funeral service to all.

NB. The Institute of Cemetery and Crematorium Management (ICCM) recommends that Burial Authorities provide individual grave spaces for children, either by dividing a full sized adult grave into two or more plots or by laying out specific rows of graves for children.

Religious Belief

Your own cultural traditions may be quite different from those of the parents and it is best to assume nothing and when in doubt ask the father or mother. Enquire about the parents beliefs, what they need and what is available. Parents who never go to church may be comforted by seeing a minister whilst others, may question any faith they have had and choose to have nothing to do with religion at this

particular time. Resist any need to talk about your own beliefs. Be aware that there is no standard response to bereavement – for example Muslims believe that a child’s death is Allah’s will and that prolonged grief is disrespectful. Also it is important to know about the restrictions of different religions regarding who can touch the dead body and how it should be handled.



There is a wide range of coffins for babies and children for parents to choose from - cloth covered, individual colourful designs, willow etc. and although many funeral directors offer a white cloth covered coffin as an option which often isn’t charged for, parents still need to be given a choice.

Sensitively assist the parents to make a choice of coffin – again allow sufficient time.

It should be noted that children’s coffins may be shaped at the shoulders, oval shaped or rectangular. As parents often wish to place toys or other possessions in the coffin, it should be of sufficient size to allow for this.



Learning Outcome 5

Understand the purpose of documentation for a baby / child funeral.

DOCUMENTATION FOR THE DISPOSAL OF A STILL-BORN CHILD

BURIAL

- (i) Registrar's Certificate of Still-birth OR
- (ii) Coroner's Order for Burial - plus any necessary application to the Burial Authority.

CREMATION OF A STILLBORN BABY ENGLAND AND WALES

CREMATION Under the Cremation Regulations, 1930, the Medical Referee may permit the cremation of a still-born child if it is certified to be still-born by a Registered Medical Practitioner after examination of the body. Before permitting the cremation, the Medical Referee must have received the Certificate for Burial or Cremation (Still-birth), showing that the still-birth has been registered, or Coroner's Form 6, hence:

Cremation 3 - Application for cremation of stillborn baby:- Completed by one of the parents of the stillborn baby but may also be completed by the bereavement officer at the hospital. **Cremation 3** is either accompanied by **Cremation 9** or by declaration including the registration document.

If the medical referee is satisfied that cremation can take place, he or she will authorise with form Cremation 13. Form Cremation 9 can be completed by a registered midwife or registered medical practitioner.

Cremation 9 - Certificate of stillborn baby

There is no right to inspect the associated certificate of stillbirth as there is no cause of death

Cremation 13 - Authorisation of cremation of remains of stillborn child by medical referee



CREMATION OF A STILLBORN BABY SCOTLAND

- Certificate of Medical Practitioner.
- Form 6 - Certificate of Stillbirth:- This is signed by a doctor and is required for registration of a stillbirth. It will be retained by the registrar.
- Form 8 - Certificate of Registration of Stillbirth. This is issued by the registrar at the time of registration of stillbirth. It is issued to the family, who give it to the funeral director who will in turn pass it to the burial or cremation authority, where it will be retained by the authority
- Stillborn Certificate for Cremation:- This form is required for cremation. It is completed by a registered medical practitioner who was present at birth and is needed instead of Forms B & C. The funeral director will give it to the cremation authority, where it will be retained by the authority.

CREMATION OF A STILLBORN BABY NORTHERN IRELAND

Documents required:-

- Cremation Form H – Application for Cremation
- Cremation Form I – Certificate of Registered Medical Attendant or Certified Midwife in Attendance.
- Cremation Form F – Medical Referee Authority to Cremate
- Disposal Form and GRO 34

Health Authorities have a duty to offer to arrange a funeral for a still-born child; this normally is carried out by a Funeral Director on contract to the hospital or Authority. From the Funeral Director's point of view this can lead to problems, as often he has no direct contact with the family involved, and may not even be aware of the names of the parents, also, the contract normally carries a minimum specification for the funeral. This can lead to difficulties, misunderstandings and compound distress for the mourners. It is essential that full explanations are given to parents before the funeral in order to avoid distress at a later date.



DOCUMENTATION FOR THE DISPOSAL OF A LIVEBIRTH

The documentation for the burial or cremation of a livebirth is the same as a adult.

Learning Outcome.6

Understand the importance of offering and responding to bereaved parents' choices.

When a child or baby has died, suddenly for the parents it seems like all meaning has been drained from their life. Many parents report that it's difficult to get out of bed, and live through each and every day. All that was right with the world now seems wrong and they wonder when, or if, they will ever feel better.

Think back to Module 1 Unit 1 – Understanding Bereavement and Grief and put what you have learned into the extended context of losing a baby or a child.

Psychologically

- Again, parents will be in shock from what has happened and a numbness will surround them. Your task to arrange for removal and arrange the funeral will be more challenging for you.
- Parents will be in denial – making arrangements will seem unreal.
- Their memory will have suddenly become clouded - possibly shrouded in forgetfulness, and you need to find a way of helping them to make decisions and remember their decisions.
- They may experience a videotape that constantly plays in an endless loop in their minds, running through what happened – your job is to help them focus and work with you on the arrangements over the coming days.
- Their belief system is shaken and their faith may well be questioned – they may not be sure of the type of funeral, as they won't want one at all.

They may need to read the same paragraph over and over again to try and understand what you have written.

Physical



- Sleep may be disturbed. Parents often feel physical exhaustion even when they have slept.
- They will feel anxious and sometimes experience great discomfort—often panic attacks.

Preparation and Involvement of the Parents

Parents should be encouraged to come to the funeral home to see their baby or child, or for the baby or child to return home prior to the funeral. Great care should be taken with the preparation of the baby or child before a visit to the funeral home, or before taking home and special attention should be paid to the way in which the Chapel of Rest is arranged. Some parents may like to be involved in washing their baby or child and choose clothes for them to wear and siblings may also like to be involved in the choice of clothes. In the case of a baby, they will often be placed in their own Moses basket or carrycot at this time.

Parents can find considerable benefit in holding the baby /child and may also wish to take photographs so they need reassurance that it is usual to wish to record these last memories. If members of the family wish to hold the child it is advisable for the Funeral Director to pick up the child and hand him/her to them. In the case of a baby, cradle the baby, supporting the head, just as you would if the baby were alive. Fathers and mothers may not know how to be with their baby /child, particularly if it is their first one. Watching you and observing your tenderness can guide them. Ask parents if they would like you to cut a lock of their child's hair – never do anything without the permission that you would afford the parents of a live child.

Many parents find that the funeral marks the time when they say goodbye to their baby – the moment of realisation that their baby has died. It can be a very distressing and painful experience, but it can also be a time to acknowledge your baby's importance and to share and express your grief and your love with others. Many parents talk of the funeral as a valued memory and something they are glad they went through.

If the parent request a lock of their baby's or child's hair, or perhaps for the child or baby to be dressed in favourite clothing and then request it to be returned, ensure their wishes are met and no careless mistakes are made. Depending on the size of the coffin, a number of options are open.



If there are a large number of flowers a normal hearse could be used, an estate type vehicle may be suitable, the coffin could be carried on a platform in the front passenger seat of a limousine, or one of the mourners may like to carry the coffin in the rear of a limousine or suitable saloon car.

If siblings will be attending the funeral, be aware of the laws for child restraints in vehicles for children up to the age of 13.

Consider viewing arrangements in terms of the frequency and access to viewing.

Sensitive Personalisation is key - the parents may welcome guidance on options available to them for example:-

- Parents may want to place a toy, poem, letter or something of significance with their baby
- Reading of a special poem, biblical verse or special words during the service, either the parents or a family friend?
- Release of balloons with special messages written on them?
- Release of butterflies?
- How should the flowers be displayed or presented on the coffin / casket
- Do the parents want photo's of their baby, hand & foot prints displayed, or something of significance.
- For Burial - Family & Friends to sprinkle rose petals onto the coffin

Parents may want to take photos of the service or have someone video record the service or to keep flowers or rose petals from the service to press as a lifelong keepsake.

Learning Outcome 7

Understand the importance of assisting the client with aftercare following the death of a child/baby.



The celebration of a funeral for a child does, in itself, help the parents and family come to terms with their loss, even more so if some form of commemoration is considered. However, the parents may need further comfort and guidance in the weeks and months that follow the funeral. Aftercare for any other siblings should not be forgotten and organisations are available to help provide Memory Boxes, story books, DVD's or workbooks for siblings and even residential camps.

ORGANISATIONS and LINKS

The following organisations offer this type of help and the caring Funeral Director should be aware of these organisations and have their literature available in the reception area:

SANDS The Stillbirth and Neonatal Death Society 28, Portland Place, London, W1B 1LY Tel: 020 7436 5881 (helpline) Tel: 020 7436 7940 (administration & publications) Web: www.uk-sands.org. see also <http://www.uk-sands.org/Publications/Support-and-information-leaflets.html>

ARC Antenatal Results and Choices (formerly SATFA) 345 City Road, London, EC1V 1LR Tel: 020 7713 7486 OR 0845 0772290 (helpline) Tel: 020 7713 7356 (administration) Web: www.arc-uk.org

FSID Foundation for the Study of Infant Deaths 11 Belgrave Road, London, SW1V 1RB Tel: 0808 802 6868 (helpline) Tel: 020 7802 3200 (administration)
Web: www.fsid.org.uk

The Miscarriage Association c/o Clayton Hospital, Northgate, Wakefield,



West Yorks., WF1 3JS. Tel: 01924 200 799

Web: www.miscarriageassociation.org.uk

The Child Bereavement Trust Aston House, West Wycombe, High Wycombe, Bucks. HP14 3AG Tel: 0845 357 1000 Web: www.childbereavement.org.uk

Winston's Wish

4th Floor, St James's House, St James's Square

Cheltenham, GL50 3PR

Tel: 0845 20 30 40 5 (helpline)

Tel: 01242 515157 (administration)

Web: www.winstonswish.org.uk

This web site includes recommended reading materials for bereaved children of all ages and also helpful downloads that may assist schools in coming to terms with a bereavement.

Nippers Bereavement Group, PO Box 1553, Wedmore, Somerset, BS28 4LZ

Tel: 01934 713630.

Compassionate Friends, 53, North St., Bristol, BS3 1EN

Tel: 08451 20 3785 www.tcf.org.uk

For further information see

<http://www.iccm-uk.com/iccm/library/BabyInfantFuneralsPolicyFINAL2011.pdf>



Case Studies

Peter and Carol arrive at the office to arrange the cremation of their baby daughter. Sarah was born prematurely at 21 weeks and has lived for just 4 days. They are undecided about burial or cremation; there is mention of a family grave in Aberdeen, although Peter's father was cremated at the local crematorium three years ago. A new member of staff is interested to know what documents will be required for registration and also for both burial and cremation.

- What is the correct term applied to Sarah's death?

.....

When must the death be registered by?

.....

Where must the death be registered?

.....

List the document(s) the Registrar requires to register Sarah's death

.....

.....

List the information the Registrar requires to register Sarah's death

.....

.....

.....

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.....

What Certificate(s) will the Registrar issue for burial and cremation?



.....
.....
.....

What Certificate will John require to enable the funeral to proceed?

.....
.....
.....

List the full names of the documents John will submit to the local crematorium for Sarah's cremation



Example Examination Questions

Past examination questions have tended to focus on documentation and funerals procedures. However, do bear in mind that a personalised funeral may mean that this unit links with the ideas outlined in Module 4 Unit 11(Arranging the Funeral - Personalisation).

- a. Define a neo-natal death
 - b. Under what circumstances would a death be investigated by the Coroner
-
- a. List the persons qualified to give information for the registration of a stillborn child, and list the particulars to be requested.
 - b. What documents are required for cremation and who signs each documents in respect of:-
 - (i) stillborn child
 - (ii) Non-viable foetus
 - (iii) Child two days old.

Pauline has just given birth to a stillborn baby boy. Her mother arrives at your office to discuss the options that are available regarding the funeral. They are undecided whether the child should be buried or cremated.

- a) State what advice you would give here concerning registration.
- b) Outline in detail the possible alternatives for the funeral.

What particulars need to be registered in the event of a Still-Birth. Who may act as informant and when must the death be registered?

- a. What is the definition of a stillbirth?
- b. Who may certify a stillbirth?
- c. Is there a time limit in which to register a stillbirth? If so, what is the period of time allowed?



d. What certificate(s), if any, are issued by the Registrar and for what purpose?

In explaining what the following terms mean, indicate what documents would be needed to permit the cremation of each.

Stillborn

Perinatal

Neonatal

Non-viable foetus

(Answer according to the law of your own country, stating which)

Define Non-Viable foetus.

What documentation is normally required, and from whom, for its

a) burial

b) cremation

You have been asked to carry out the funeral of an 8 month old child. List and briefly explain ten points that you should particularly bear in mind when arranging this funeral with the family.

Pauline has just given birth to a stillborn baby boy. Her mother arrives at your office to discuss the options that are available regarding the funeral. They are undecided whether the child should be buried or cremated.

a) State what advice you would give here concerning registration.

b) Outline in detail the possible alternatives for the funeral.

Further Information

In addition to the websites listed above a booklist provided by the charity Winston's Wish is included in this unit. Other documents include:

The Sensitive Disposal of Fetal Remains - <http://www.iccm-uk.com/iccm/library/FetalRemainsPolicyNOV2014ReviewFINAL.pdf>

Baby & Infant Funerals Policy and Guidance - <http://www.iccm-uk.com/iccm/library/BabyandInfantFuneralsNovember%202014.pdf>



Module 4 Unit 12	ASSESSMENT CRITERIA
	The learner can:
4.12.1	Describe the legal definitions of different types of baby deaths.
4.12.2	Describe the legal requirements for arranging a child's/baby's funeral.
4.12.3	Describe the factors to consider when removing a deceased child/baby from: a) a children's hospice; b) a private address; c) a hospital.
4.12.4	Describe the additional considerations for arranging a child's/baby's funeral.
4.12.5a	Identify the relevant documentation for a child's/baby's funeral.
4.12.5b	Explain the purpose of each document identified in 4.1.
4.12.6a	Describe the importance of offering choices to bereaved parents regarding the care and presentation of their child/baby.
4.12.6b	Describe the importance of responding appropriately to the choices made by bereaved parents.
4.12.7a	Explain the importance of client aftercare following the death of a child/baby.
4.12.7b	Identify specialist organisations that support bereaved parents.