

## **RELEASE OF PREGNANCY LOSS TO THE WOMAN**

(IF MAKING OWN ARRANGEMENTS)

I would like to take my baby/fetus/pregnancy loss home following my discharge from the unit.

*I have received the information sheet 'Taking Your Baby Home – what you need to know' and accept responsibility for complying with the Local Authorities procedure.*

[Note: further paperwork may be required, for example to acknowledge health and safety issues].

Ward .....

Name .....

MRN .....

Address .....

Signature of the woman .....

Name of the Consultant .....

Name of Nurse/Midwife completing form .....

Signature of the Nurse/Midwife .....

Print name .....

Date .....

- Copy of form for case notes
- Copy for woman to take away
- Copy for pathology / mortuary