

Information for Patients

Histopathology Examination & Respectful Disposal of Pregnancy Remains

We are sorry about your loss and appreciate that this may be a very difficult time for you.

Why ask me to read this leaflet now?

We are talking to you now to avoid further distress. This leaflet explains the procedures that follow pregnancy loss.

Your pregnancy loss may have occurred as a result of:

- A miscarriage - when a pregnancy ends unexpectedly before 24 weeks
- An ectopic pregnancy - when a pregnancy develops outside of the womb and cannot continue
- Or it may be that you have had to make the difficult decision to end your pregnancy because of fetal abnormality

The tissue from the pregnancy is often referred to as pregnancy remains. This is usually made up of the placenta, the lining of the womb and blood clots, and if present, the embryo or fetus (developing tiny baby). Sometimes, when pregnancy remains are examined visually an embryo or fetus is found and this will be left as it has been received at the laboratory.

What is Histopathology Examination?

It is important for tissue from your pregnancy loss to be examined visually and under the microscope to:

- a) Confirm the pregnancy
- b) Rule out disease (in particular molar pregnancy, which is a rare complication requiring specific follow up care and monitoring)

However, it will not establish any other potential cause of your pregnancy loss.

If you consent to this examination, a histopathologist (a doctor who works in the laboratory) will select small samples of the tissue from your pregnancy remains for examination. Chemical agents may be used during processing for examination to prevent deterioration of tissues. The testing process usually takes between 3-6 weeks and the selected tissues will be retained by the hospital as part of your medical records.

What happens next?

Once testing is completed, the results are reported and shared with your clinician/ Gynaecology clinical team. If an abnormality has been found you will be contacted, usually by letter correspondence or a telephone call to inform you of these findings and whether anything further is needed.

For example, if a molar pregnancy has been identified, you will require a referral to the nearest specialist centre.

We also need to know how you wish us to proceed with the residual pregnancy remains (e.g. tissue that is not being retained as part of your medical record). Your consent needs to be clearly documented to avoid any misunderstanding and to enable us to carry out your wishes.

On occasion there may be no requirement for respectful disposal because there are no residual pregnancy remains following the testing processes.


These are the options available to you:

1. The hospital can arrange for the respectful cremation of the residual pregnancy remains, (including the developing baby if present), at Manchester Crematorium, Barlow Moor Road, Chorlton.
2. You may wish to make your own private arrangements for burial or cremation at your own cost.


If you have any further questions or concerns, please speak to the nurses caring for you or if you have left the hospital, please contact us on:

 Emergency Gynaecology Unit: 0161 291 2561

The EGU is located at Wythenshawe Hospital (enter via entrance 15). The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care. There are no emergency gynaecology or early pregnancy services at Saint Mary's Hospital, Oxford Road


 Ward F16: 0161 291 5060

 Early Pregnancy Loss Specialist Nurse: 0161 276 6571


 EPLS.Nurse@mft.nhs.uk

Other useful numbers:

 Mortuary (Wythenshawe site) 0161 291 2541

 Paediatric Mortuary (Oxford Road Campus site) 0161 701 2254

 Family Support Services team (Oxford Road Campus site) 0161 701 8700

 Manchester Crematorium, Barlow Moor Road, Chorlton: 0161 881 5269

 Early Pregnancy Loss Counselling: 0161 276 4319