



Guideline for the release of a human fetus or placenta

This Guideline supports the *Release of Human Tissue and Explanted Medical Devices Policy*. The Department of Health does not generally support the release of human tissue, including a human fetus or placenta, due to the associated potential public health risks; however, consideration may be given to individual requests, subject to the conditions at 3.3 of the Policy being met.

Scope

In scope:

- requests for release of a human fetus (of fewer than 20 weeks gestation or of unknown gestation but under 400g body weight); and/or
- requests for release of a placenta, to the respective patient, or to the requestor

General considerations

Under Western Australian regulation, excised or removed human tissue is dealt with as clinical waste for the purposes of disposal. The healthcare sector has a duty of care to protect public health and the environment in relation to wastes. It is important that the sector ensures that there are no adverse health and environmental consequences of activities associated with waste handling, treatment, and disposal. This extends to the safe disposal of human tissue.

Legislation and regulations covering the release of a human fetus or placenta

Neither State nor Commonwealth legislation explicitly authorises or prohibits the release of a fetus or placenta to a patient or requestor; however, legislation does exist to regulate the manner in which human tissue, including a human fetus or placenta, should be dealt with, including regulation of the:

- advertisement and sale of human tissue; this is an offence under Part V of the *Human Tissue and Transplant Act 1982 (WA)* (HTT Act)
- disposal of excised or removed human tissue, defined as clinical waste, pursuant to the *Clinical and Related Waste Management Policy* and Health Service Provider (HSP) associated local practices

In practice, products of conception (including placentas) may be buried, cremated or disposed of in segregated anatomical waste bins. All intact human fetuses are either buried or cremated.

All babies born alive (regardless of gestation) who subsequently die in the neonatal period must have the birth and death registered with the Registrar of Births, Deaths and Marriages.

Release of a human fetus or placenta

General Considerations

Where there may be issues of grief or adjustment, any request made for the release of a human fetus or placenta should be assessed in conjunction with a social worker or counsellor.

If uncertain about the risks of release, the senior health professional may obtain advice from infection prevention and control personnel in their HSP facility.

Requests to release a human fetus or placenta should be discussed with the relevant health staff prior to the birth or operative procedure wherever possible.

It is the responsibility of the requestor to establish and comply with any applicable local council requirements regarding disposal of a human fetus and/or placenta.

For a human fetus of less than 20 weeks gestation

There are no statutory requirements dealing with funeral arrangements following the death of a human fetus of less than 20 weeks gestation or of unknown gestation but under 400g of body weight.

Where hospital policy exists, funeral and cremation options should be dealt with according to hospital policy. Where facilities exist, cremation should be offered as the preferred option.

North Metropolitan Health Service via PathWest provides a state-wide cremation service for products of conception and stillborn babies under 28 weeks gestation. At King Edward Memorial Hospital, the ashes can be interred in the memorial garden or returned to the parents.

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