

Institute of Cemetery & Crematorium Management



The Sensitive Disposal of Fetal Remains

Policy and Guidance for Burial and Cremation Authorities and Companies

August 2011



THE SENSITIVE DISPOSAL OF FETAL REMAINS

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1. Introduction

This policy is intended as a guide for burial and cremation authorities and companies on best practice in dealing with the disposal of fetal remains and was formulated with the kind assistance of Sands, the stillbirth and neonatal death charity.

This policy should be read in conjunction with the ICCM policy on Baby and Infant Funerals that has been adapted from its Charter for the Bereaved (contained as Appendix D). Both policies place great importance on the need to allow parental choice about what happens to their baby. It also reflects the decision to accept shared/communal cremation of fetal remains since disposing of these babies with clinical waste is now considered unacceptable. Parental choice acknowledges the potential benefits for parents of knowing that their baby was cremated or buried respectfully, with other babies, especially when the parents have decided not to arrange a private funeral.

For the purposes of this document, the definition of fetal remains is “a human fetus of less than 24 weeks gestation that has at no time since delivery shown any visible sign of life”. However, the terms ‘fetal remains’ and ‘fetus’ should never be used with parents. From the parents’ point of view, a miscarriage is as significant and devastating as a stillbirth. The baby they were expecting has died and their grief can be profound and long lasting therefore when speaking to parents the term ‘baby’ must be the only term used.

The Institute does not accept any reference to sub-classifications of fetal remains, e.g. products of conception, and encourages sensitive disposal irrespective of gestation period.

Since the introduction of the Institute’s first policy, the number of sensitive disposals at crematoria has been estimated be currently circa 40,000 per year. The number of burials taking place annually is not known.

The Institute and Sands will work with burial and cremation authorities and companies to continually increase the number of sensitive funerals.

2. Legal Position

2.1 England and Wales

On the introduction of the Cremation Regulations 2008 guidance was issued to Medical Referees by the Ministry of Justice that contained the following:

Fetal remains under 24 weeks gestation are not subject to the provisions of the Cremation Act or Regulations, although most crematoria will be prepared to cremate such remains at their discretion. You should not complete a Cremation Form 10 to authorise their cremation. If you are asked by crematoria managers and staff for professional advice on an application to cremate pre-viable fetuses, it is entirely a matter for you whether you provide such advice.

The Institute recognises that fetal remains have no legal status however welcomes the above statement as confirmation that bereaved parents are entitled to a funeral service and would expect that a sensitive service will be provided in a caring society.

2.2 Scotland

As part of an overall review of law relating to the disposal of the dead in Scotland the Scottish Parliament established a working group to formulate guidance for hospitals on the sensitive disposal of fetal remains. Whilst the Scottish Parliament has adopted the same stance as that for England and Wales regarding legal status it has nevertheless issued the excellent guidance produced by the working group to all hospitals in Scotland. The Institute provided input into the formulation of this guidance in order to provide the important cross-over point between hospital and cemetery/crematorium.

The Institute welcomes and applauds the endeavours of the working group in Scotland.

3. Right to Choose

The Institute and Sands recognise that parents have a right to take control of their baby's funeral or opt for a shared/communal funeral and have confirmed this in the policy document 'Baby and Infant Funerals' (contained as Appendix D).

Burial and Cremation authorities and companies are encouraged to provide services and facilities for both private and shared/communal funerals for babies with the aforementioned policy document being designed to assist with the provision of choice for bereaved parents.

Those authorities and companies that already provide suitable services and facilities or are working toward this should consult with local hospitals, GP's and other local health care workers to formulate agreement and methodology for directing all cases of fetal remains to cemeteries and/or crematoria and not to any other route. This action will assist in raising the number of private and shared/communal funerals taking place in cemeteries and crematoria.

4. Hospital Agreements

It is important that the burial and/or cremation authority or company agree a workable arrangement and that both parties acknowledge and abide by their responsibilities. An example agreement is attached as Appendix A to this policy however such agreements can be drawn up locally to include any local requirements. Terms and condition applied by each party can be included on the reverse of the agreement with the following being examples of such terms and conditions that should be considered:

- The burial and/or cremation authority will provide the hospital with details of its services which in turn will be explained to bereaved parents by hospital staff.
- The parent(s) should be given a choice about what happens to their baby. Parents need to be informed clearly and sensitively, by trained hospital staff, about the choices available to them. Burial/cremation authorities should discuss the range of options they provide with their local hospitals. This choice shall be given to the parents in an appropriate manner by trained hospital staff.
- Confirmation that the parent has been given this choice shall be a condition contained within the agreement.

- The hospital shall confirm that it has obtained consent from the parent/parents, authorising the means of disposal.
- The hospital shall be required to maintain a register for the disposal of fetal remains. This and all other documentation relating to the disposal of fetuses shall be kept for a minimum of 50 years by the hospital in order that parents wishing to trace the disposal of their fetus may do so in the future.
- Where a shared/communal funeral is to take place the hospital may choose to provide case numbers only to the burial/cremation authority. This action will protect the identity of parents whose cases are subject to confidentiality under the Abortion Act 1967. All parents who may wish to trace a disposal in the future can do so via the hospital register which will indicate the place of disposal. Tracing back to a cemetery or crematorium by using only the case number issued to the parents by the hospital will ensure that confidentiality and accuracy is maintained and equal treatment will be provided.
- The cremation authority accepts that it cannot investigate the details surrounding the fetal death or the details of the parent(s) in a similar manner to other cremations. In this regard, the hospital must be satisfied that the fetal remains can be released for cremation and that no further enquiry is required.
- Where a shared/communal cremation is arranged, each fetus should be separately wrapped and separately identified and shall be placed, together with other fetuses, in a single container.
- Each container may contain multiple fetuses the number of which is agreed between the cremation authority and hospital and shall be delivered with the names and/or case numbers clearly identified.
- The completed application form for a shared/communal funeral, duly signed by the head of the clinical unit, should be delivered to the Crematorium or Cemetery office in advance of the date of the funeral.
- Where a private, individual funeral is being arranged the hospital will provide an individual certificate confirming that the case is one of fetal remains (example certificate contained as Appendix C).
- Where cremation is to take place, the wrappings and container shall comprise of materials suitable for cremation, preferably cardboard or wood, or plastics suitable for cremation i.e. non-chlorinated plastic. As required by the Secretary of State's Guidance – Crematoria PG5/2 or any subsequent legislation. No PVC Melamine, zinc, lead or glass shall be used.
- Plastic receptacles containing fetal remains that are used in medical procedures should be made from non-chlorinated plastic.
- The hospital must inform parent(s) that ashes may not be recovered from cremation.
- Detail of any costs payable by the hospital to the burial or cremation authority (if any).
- Any other terms or conditions agreed by both parties.

5. Funeral Arrangements

5.1 Introduction

All funeral bookings, whether private or shared/communal, should be recorded (see Registration below) and administered in exactly the same manner as all other funerals. Appropriate service time must be allocated for all funerals.

Bookings for private funerals will in many cases be made by a Funeral Director on behalf of the parent(s) however the parent(s) may wish to arrange the funeral directly. Cemetery and crematoria staff should enable a family arranged funeral.

5.2 Crematoria

All funerals, whether private or shared/communal, should be received at the chapel entrance, the container conveyed through the chapel and placed on the catafalque.

A suitably dressed attendant should meet the funeral.

Where a private funeral is arranged the parent(s) may wish this to be conducted by a minister of religion or other person in exactly the same manner as any other funeral. The content of the service should be as required by the parent(s).

Where a shared/communal service is arranged the date and time should be relayed to the hospital in order that parents can be informed that they may attend if they choose. Should no parent(s) have arrived at the allocated time it is advised to delay the committal for a short time in case any parent(s) might have been unavoidably delayed.

Further information on funerals, cremated remains and memorials is contained in Appendix D – ICCM Policy on Baby and Infant Funerals.

5.3 Cemeteries

All funerals, whether private or shared/communal, should be met at the cemetery entrance and escorted to the graveside by a suitably dressed attendant.

Where a shared/communal service is arranged the date and time should be relayed to the hospital in order that parents can be informed that they may attend if they choose. It is advised that the committal is not carried out immediately in case any parent(s) might have been unavoidably delayed.

Further information on funerals, graves, children's sections and memorials is contained in Appendix D – ICCM Policy on Baby and Infant Funerals. Note that the aforementioned policy states that the disturbance of the remains of a baby buried on a previous occasion is not lawful however this is not the case in respect of fetal remains. Whilst a licence from the Ministry of Justice is not required to exhume fetal remains it should be noted that consent of other parents would be required in the case of a shared/communal grave. As gaining consent might prove extremely difficult and cause distress or upset, parents should be advised at the outset that exhumation from a shared/communal burial is not possible. Where shared/communal burials take place in consecrated ground the local Diocese must be consulted prior to any exhumation taking place.

6. Registration

6.1 Introduction

The form contained as Appendix B is intended for shared/communal disposal only and serves as both an application form and certification that each case contained is one of fetal remains. As this is achieved via the declaration at the foot of the form the onus is placed on the head of the clinical unit to ensure accuracy. Any irregularities or errors can be referred directly back to the signatory. The content of the form can be used for registration purposes.

Where a private, individual funeral is being arranged burial authorities can utilise their standard notice of interment (or modified version). Crematoria can utilise a modified version of their preliminary application. A certificate from the hospital stating that the case is one of fetal remains is also required (Example contained as Appendix C).

As fetal remains have no legal status at the present time statutory registers must not be used. Some burial and cremation computerised administration systems have the ability to make a selection in instances of fetal remains and will store these records in a separate register.

Alternative methods of registration are explained as follows:

6.2 Cremations

It will be necessary to maintain a non-statutory register of cremations of fetal remains containing all appropriate information. Should cremated remains be recovered from any shared/communal cremation, their final resting place must be recorded in the non-statutory register.

6.3 Burials

A non-statutory register of burials of fetal remains must be maintained and contain all appropriate information.

A note (as opposed to an entry) should be made in the register/record of graves cross referencing to the non-statutory register of burials.

Where a parent purchases a private grave for the interment of their baby an entry in the statutory register of grants / purchased graves register must be made and a deed issued as per all other private graves.

APPENDIX A

Agreement for the Disposal of Fetal Remains

It is hereby agreed this day of20.....,

that (Burial/cremation authority) Borough

Council / Company shall dispose of any fetal remains provided by

..... Hospital for a period of twelve months.

This agreement shall be subject to the charges detailed below and the conditions contained overleaf.

The charges for the disposal of fetal remains shall be as follows:

- a) Individual Burial £.....
- b) Individual Cremation £.....
- c) Shared/Communal Burial (per communal interment) £.....
- d) Shared/Communal Cremation (per shared/communal cremation) £.....

I hereby agree to the charges and terms and conditions detailed on the reverse of this agreement.

Signed for and on behalf of

..... Council

Address

.....

Witnessed

Address

.....

Signed for and on behalf of

.....Hospital

Address

.....

Witnessed

Address

.....

(Terms and conditions can be included on the reverse of the agreement)

APPENDIX B

Application for Shared/Communal Burial/Cremation of Fetal remains at Crematorium

This application must be signed by the person authorised by the Medical Director of the NHS Board to make an application for cremation/burial. The fetal remains may be identified by the hospital/clinic case number in cases subject to confidentiality e.g. under the Abortion Act 1967.

This form must be completed fully. Please note that incomplete information may cause a delay in disposal.

I (name of applicant).....

(address)

(position)..... NHS Board.....

as the authorised and designated person, declare that I hold paperwork relating to each of the fetal remains listed below, signed by the medical practitioner/registered nurse/registered midwife whose name is shown, and that the paperwork includes a declaration that the Fetal remains was of a gestation up to and including 23 weeks and 6 days and that the Fetal remains showed no signs of life.

I hereby apply to ****Anywhere **** crematorium/cemetery to dispose of the following fetal remains:

Identifying Number *	Name and Address of woman if given	Date of Delivery	Name of medical practitioner / registered nurse / midwife whose signature appears on the NHS declaration

* Note this is NOT the woman’s CHI number or NHS number but a number generated by the NHS Board which identifies the appropriate records held by the NHS.

I DECLARE that all the information given in this application is correct, that no material particular has been omitted and that authorisation/consent for the disposal has been obtained.

Signature of Applicant.....Date.....

Designation of Signatory.....

NHS Board:

Address:

.....

..... Post Code:

Appendix C

EXAMPLE Certificate of Fetal remains for use where a private, individual funeral is being arranged by the parent(s).

Name of Hospital.....

I.....hereby certify that the fetus of

[Name of parent(s)].....delivered on.....20....

was of a gestation up to and no more than 24 weeks and that the Fetal remains showed no signs of life.

Signed.....Date.....

The above signatory must be either the medical practitioner, registered nurse or registered midwife who delivered the baby or the head of the clinical unit.



Institute of Cemetery & Crematorium Management

Policy and Guidance for

Baby and Infant Funerals

Formulated with the kind assistance of

Sands, the stillbirth and neonatal death charity



Adapted from the ICCM Charter for the Bereaved June 2011



Baby and Infant Funerals

Introduction

This policy and guidance has been designed to assist bereaved parents with making decisions that are right for them and to further assist burial authorities in providing suitable and acceptable services. It was formulated with the kind assistance of Sands (the stillbirth and neonatal death charity) during the review of the ICCM Charter for the Bereaved with the intention of providing information to parents and burial authorities and ultimately raise the level of services provided.

1. INFORMATION FOR PARENTS

A message to bereaved parents:

We are so sorry that your baby has died. We hope that the information in this policy will explain your options and help you to make decisions about your baby's funeral. Remember, it is your right to be able to arrange a private funeral that meets with your requirements and wishes at the cemetery or crematorium of your choice. Alternatively, most hospitals will make arrangements for shared funeral services (that is, for more than one baby) at their local cemetery and/or crematorium.

The information below will help you make decisions about your preferred choices and the options available, however remember that further help is also available through your Charter member, funeral director and hospital patient affairs officer.

Sands is a well known national organisation that provides help and support to bereaved parents via a network of local groups. Some local groups have assisted burial and cremation authorities with developing their services to bereaved parents. The Sands website (<http://www.uk-sands.org/>) contains a wealth of advice and information that might help you make decisions on the funeral that meets with your needs. The Sands Helpline on 020 7436 5881 is available if you would like to speak to someone or be put in touch with your nearest Sands group.

Your Choices

Many NHS hospitals offer to organise and pay for a funeral for a baby who dies at any stage of pregnancy or shortly after birth. Parents can usually attend the funeral and can also usually make some decisions about the kind of service and how they will participate. Alternatively you can take full control and arrange a private funeral.

Burial or Cremation

It is your right to decide whether a burial or cremation service is provided for your baby.

(a) HOSPITAL ARRANGEMENTS

The hospital authorities generally do not charge for making burial or cremation arrangements. They also pay any necessary cemetery or crematorium fees, although many local authorities offer their cemetery and/or crematorium service free of charge in these cases. Some hospitals offer burial as well as cremation whilst others offer cremation only. Where your preference is burial and the hospital only offers cremation, you will need to consider making a private arrangement as discussed below.

Some hospitals will arrange a burial or cremation where a number of babies are remembered at the funeral service. Some parents can draw comfort from knowing that their baby has been laid to rest with others.

If you prefer the hospital to make arrangements it is important that you speak to the appropriate officer at the hospital¹ so that you are aware of the date and time of the funeral. In most hospitals you can attend if you wish. You can also visit and speak to the manager of the cemetery or crematorium who will explain how and where shared burial takes place in the cemetery, or if a crematorium, the area of the garden of remembrance where cremation memorials can be provided. It is important that you are satisfied with what will happen to your baby prior to the funeral as your decision may not be reversible after the funeral.

Irrespective of who makes the arrangements the cemetery or crematorium will have options for remembrance and memorials if you wish to arrange a form of commemoration. An increasing number of cemeteries and crematoria are including children's burial sections and children's gardens of remembrance within their services where shared funerals are conducted in exactly the same manner as private funerals. Some bereaved parents gain comfort from knowing that their baby was laid to rest with others.

(b) PRIVATE ARRANGEMENTS

You can make your own funeral arrangements should you wish. You would then have full control of the arrangements, including where and when the funeral is to take place. You would be responsible for any costs associated with the funeral, but many funeral directors and cemeteries or crematoria make either no charge or a reduced charge for babies and children.

Whilst it might be a difficult task you are advised to speak to more than one funeral director before making decisions as where charges are made these can be high in some locations and especially in cities.

Should you wish to make arrangements yourself without using a funeral director the cemetery or crematorium manager will assist you by showing you the available options and giving practical help and advice regarding certificates and forms required. Your detailed requirements for the funeral service can also be made directly.

¹ Titles may vary between hospitals. Bereavement Officer, Patient Affairs Officer may be in use.

(c) Burial Options

Charter members are encouraged to create a Children's section within their cemetery where either shared or private funerals can be arranged. The graves in this section are small and are only suitable for the burial of babies and children. When considering your options you may want to think about burying your baby in a larger plot in the main area of the cemetery. In this case you would be able to use the same grave for one or two adults at some time in the future, possibly for a grandparent or a parent, without disturbing the baby.

If burial in a private grave is your preferred choice, whether in the main section or the Children's section of the cemetery, a deed will be issued to you giving what is known as the exclusive right to the grave. This means that nothing can be done to the grave without the written permission of the owner of the exclusive right. The owner therefore has total control over the memorial that might be placed on the grave (subject to the cemetery's rules and regulations).

(d) Cremation Options

Cremation can be either via a private funeral service, i.e. one you arrange yourselves for your baby, or a shared cremation service, i.e. one where several babies are remembered together in a service that can be attended by all the families.

If you choose a private cremation you should discuss your requirements for the service directly with your funeral director or with the crematorium.

If you choose cremation you should be informed that there might not be any ashes resulting from the cremation (whether this be a shared or private cremation). If you choose a shared cremation this information should be relayed to you by the patient affairs officer at the hospital, or by your funeral director if you are arranging a private cremation.

Where ashes are recovered from a private cremation the crematorium will deal directly with the parent(s) regarding the scattering or burial of the ashes and memorial facilities. Where ashes are recovered from a shared cremation these will be scattered or buried in the garden of remembrance, the location recorded and the hospital and/or Funeral Director will also be informed. You can find out if ashes were recovered or not by contacting the hospital, funeral director or crematorium on the day following the funeral service.

Charter members are encouraged to create a children's garden of remembrance within their crematoria where individual memorials may be arranged by the parent(s).

2. Charter Rights

CHARTER RIGHTS FOR PARENTS

- (a) It is your right to decide whether the hospital makes funeral arrangements (if this is offered) or whether you take full control of the funeral for your baby or infant and decide whether a burial or cremation will take place.
- (b) It is your right to be offered a private grave for your baby or infant and be issued with a deed for the exclusive right to the grave. You also have the right to erect a memorial on a private grave. These are subject to payment of any appropriate fees.
- (c) It is your right to be able to purchase an adult grave for the burial of your baby or infant, with sufficient depth remaining to allow adult burials, and be issued with a deed for the exclusive right to the grave. You also have the right to erect a memorial on a private grave. These are subject to payment of any appropriate fees.
- (d) It is your right to be able to choose a shared² grave for the burial of your baby (You may not be able to erect a memorial on a shared grave due to space).
- (e) It is your right to be able to choose a private cremation for your baby.
- (f) It is your right to be able to choose a shared cremation for your baby where provided by the hospital.
- (g) It is your right to be able to arrange a memorial for your baby at the crematorium
- (h) When arranging a private burial or cremation it is your right to decide on the type of coffin or container that your baby will be buried in e.g. traditional coffin, wicker, bamboo, biodegradable, shroud.

3. INFORMATION FOR CHARTER MEMBERS

This section of the Charter has been reviewed with the kind assistance of Sands therefore giving a greater insight into the type and level of services that bereaved parents would expect.

Charter members are advised to take note of the Information for Parents and the Charter Rights above when considering new facilities and/or services or making improvements.

Charter members are also encouraged to accept and work toward providing the services and facilities contained in the Charter Targets below in order to improve their services to bereaved parents to way above a minimum level.

Where a local hospital does not provide the shared option to parents for burial and cremation Charter members will encourage them to do so via the use of the shared facilities provided at your cemetery and/or crematorium.

² Many bereaved parents find the terms communal grave, communal cremation etc distressing and offensive. For them the word 'communal' carries echoes of paupers' graves, mass graves etc. We would encourage Charter members to use the term 'shared' all communications with parents and in all documents (as in this document).

CHARTER TARGETS

- (a) Children's burial sections should be developed to accommodate private individual graves on which a memorial can be erected. A deed of grant of the exclusive right must be provided to the parent(s).
- (b) Children's burial sections should be specifically designed to meet the needs of bereaved parents with input provided by the nearest local Sands group. The use of undesirable areas, such as old public graves and narrow verges should be avoided. Where space is limited the use of areas previously used for public burial could be suitably enhanced to accommodate a specifically designed Children's section.
- (c) Children's burial sections mentioned above should be developed to accommodate shared burials of babies (irrespective of gestation period) and infants, delivered by local midwifery and gynaecology services. These facilities may be free of charge to parents, allow for an individual grave and burial and the placing of a memorial.
- (d) Backfill a shared grave immediately after a burial and not leave the grave open pending a further burial. Where this might not be possible a secure lockable cover should be used. Parents have the right to know that their baby is secure in the care of the burial authority.
- (e) A memorial facility should be provided within a children's section for parents that choose shared burial.
- (f) Cease to use old individual public graves for shared/hospital burials. These old graves are often in less well maintained areas that can appear bleak and unfriendly.
- (g) A specific Children's Garden of Remembrance area should be developed within the crematorium garden of remembrance where suitable memorial facilities should be provided.
- (h) Charter members often correspond with the parents during or after the burial when the parents are shocked and numbed. It is important that letters or printed materials are written with warmth and without any bureaucratic tone. The baby's name should be used wherever possible, rather than reference to the "body" and the "burial".
- (i) Charter members must ensure that informative literature on the above is readily available to parents. Such literature should be provided to all local hospitals in the area served by the burial and/or cremation authority.
- (j) Where ashes are recovered from a shared cremation these will be scattered or buried in the garden of remembrance, the location recorded and the hospital and/or Funeral Director will also be informed. Charter members are advised to also provide this information to local hospitals and funeral directors with the addition that should ashes be recovered the aforementioned, or the parents directly, will be informed.

APPENDIX

Reproduced with the kind permission of Sands, the stillbirth and neonatal death charity

Shared graves – Sands position statement May 2010

When a baby dies at any stage of pregnancy or shortly after birth, it is common practice for Trusts and Health Boards to offer to arrange a funeral service, followed by burial or cremation.

Some Trusts and Health Boards that offer burial, use shared graves. This is particularly likely in areas of the UK where burial ground is scarce and burial costs are high.

Sands strongly believes that burial must continue to be an option for all parents. Wherever possible each baby should be buried in a single grave. However, if the cost of single graves is prohibitive, then shared graves must remain an option so that Trusts and Health Boards can continue to offer burial.

Shared graves must always be protected by lockable grave covers to ensure that the grave cannot be disturbed until it is full and the ground can be re-constituted. (A lockable grave cover consists of a metal frame bolted into the ground, covered with a strong polypropylene cover that is padlocked to the frame.)

Parents whose baby has died are extremely shocked and grief-stricken. It is therefore essential that they receive clear and sensitive explanations of all their options. They should also be informed about what each option involves. In addition parents should be given written information about the choices they can make. They can then decide if they would like the hospital to organise their baby's funeral, or if they would prefer to arrange it themselves.

Some parents who want the hospital to arrange the funeral may, for religious, cultural or personal reasons choose burial. If the grave is to be shared with other babies, parents should always be told this in advance. They should be told how many babies will be in the grave and given an estimate of how long it is likely to be before the grave is closed and the ground properly reinstated.

Parents should also be informed in advance of any restrictions there may be. For example, that they may not be allowed to place any kind of memorial on a shared grave and that they will not (in most cases) be able to move their baby's body to another location at a later date should they wish to. This information should also be included in writing for all parents.

Some parents find the idea of a shared grave upsetting. Others find it comforting to know that their baby will not be alone.

It is paramount that babies' bodies and remains are always handled with respect and that parents wishes are always respected.

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