WP2:

Part 1: Interviews with professionals within the funerary industry about their understanding and implementation of Human Tissue Authority guidelines for the disposal of the remains of pregnancy

Anonymised transcripts of interviews with professionals working in the funerary industry (funeral directors, bereavement service managers, and officers at national funeral care institutions) about their understanding and implementation of the Human Tissue Authority Guidelines on the Disposal of Pregnancy Remains. All participants were over the age of 18. The gender balance reflected the demographics of the professions. The interviews took place either in their workplaces or in a quiet location convenient for them. The interviews explored how these professionals interpreted the Guidance, how it impacted on their work, and their recommendations for change.

Data collection: We conducted semi-structured interviews with professionals working in the funerary industry (5 funeral directors, 8 bereavement service managers, and 2 officers at national funeral care institutions) on their interpretation and implementation of the HTA Guidance.

Part 2: Interviews with bereavement care providers in hospitals within NHS England about their understanding and implementation of Human Tissue Authority guidelines for the disposal of the remains of pregnancy

Anonymised transcripts of interviews with bereavement care providers in hospitals within NHS England about their understanding and implementation of the Human Tissue Authority Guidelines on the Disposal of Pregnancy Remains. The interviews explored how these professionals interpreted the Guidance, how it impacted on their work, and their recommendations for change.

Data collection: We conducted semi-structured interviews with bereavement care providers in hospitals within NHS England (8 bereavement midwives, 2 gynaecology nurses, 1 bereavement nurse, and 1 mortuary care manager) on their interpretation and implementation of the HTA Guidance.

The interviews, which lasted 45-60 minutes, explored how these professionals interpreted the Guidance, how it impacted on their work, and their recommendations for change. Interviewed professionals were employed in a range of roles that involved the responsibility for providing bereavement care following pregnancy loss. The sample of interviewees reflected the geographical subdivision of NHS England (North, Midlands and East, London, and South of England).

The interviews focused on two main themes: • The provision of bereavement care to parents following pregnancy loss with a focus on the choices offered for sensitive disposal of pregnancy remains; and • The levels of familiarity that the professionals had with the HTA ‘Guidance on the disposal of pregnancy remains following pregnancy loss or termination’ published in March 2015. One member of the research team conducted the interviews (face-to-face where the participants were willing, otherwise skype/ telephone). All participants were over the age of 18. The gender balance reflected the demographics of the professions. The midwives were interviewed on non-NHS sites (e.g. at a hired university office local to their place of residence). The interviews were audio-recorded and transcribed, and the interviewer noted down salient uses of gesture and critical observations. The transcriptions were then anonymised.

WP 3: Interviews with support workers at the Stillbirth and Neonatal Death Charity (Sands), Antenatal Results and Choices (ARC) and the Miscarriage Association (MA) about the support they provide for people who have experienced a miscarriage, a stillbirth or a termination due to fetal anomaly, and the advice that they give regarding the sensitive disposal of pregnancy remains.

Anonymised transcripts of interviews with support workers at the Stillbirth and Neonatal Death Charity (Sands), Antenatal Results and Choices (ARC) and the Miscarriage Association (MA) about the support they provide for people who have experienced a miscarriage, a stillbirth or a termination due to fetal anomaly, and the advice that they give regarding the sensitive disposal of pregnancy remains. All participants were over the age of 18. The gender balance reflected the demographics of the workers and volunteers. The interviews took place either in their workplaces or in a quiet location convenient for them. The interviews explored how these workers and volunteers provide support for the bereaved, their understanding of the law surrounding the disposal of remains of pregnancy and how they discuss the various options available with the bereaved.

Data collection: Interviews with support workers at the Stillbirth and Neonatal Death Charity (Sands), Antenatal Results and Choices (ARC) and the Miscarriage Association (MA) about the support they provide for people who have experienced a miscarriage, a stillbirth or a termination due to fetal anomaly, and the advice that they give regarding the sensitive disposal of pregnancy remains.

WP4: Interviews with people (and partners of people) who have experienced a miscarriage, a stillbirth, or a termination due to fetal anomaly, focusing on their experiences, the support they received, and the choices they made about commemoration

Anonymised transcripts of interviews with people (and partners of people) who have experienced a miscarriage, a stillbirth, or termination due to fetal anomaly. The interviews focused on the experience itself, the support they received and the choices they made about commemoration. All participants were over the age of 18. The interviews took place in their home or in a quiet location convenient for them.

Data collection: We conducted semi-structured interviews with with people (and partners of people) who have experienced a miscarriage, a stillbirth, or a termination due to fetal anomaly, and the choices they made about commemoration. The interviews, which lasted 60-90 minutes, explored their experiences of loss, of receiving support, and what they decided to do regarding burial/with the body of your baby and whether they did anything to mark the loss of their baby. One member of the research team conducted the interviews (face-to-face where the participants were willing, otherwise skype/ telephone). The interviews were audio-recorded and transcribed, and the interviewer noted down salient uses of gesture and critical observations. The transcriptions were then anonymised.

WP5: Focus group meetings held with people (and partners of people) who have experienced a miscarriage, a stillbirth, or a termination due to fetal anomaly, focusing on their perceptions and understanding of the law surrounding pregnancy loss.

Anonymised transcripts of focus group meetings with people (and partners of people) who have experienced a miscarriage, a stillbirth, or a termination due to fetal anomaly. The focus group meetings focused on people's understanding and shared perceptions of the law concerning registration and the disposal of remains following pregnancy loss. The following themes were covered: • Legal issues – the extent to which they understood the law; registration and certification practices; their views on these • Practical consequences of law – bereavement leave v sick leave; medical treatment and follow up care; • Options offered for disposal/cremation/burial • Levels of knowledge about options for disposal/cremation/burial; • Choices made. All participants were over the age of 18. The interviews took place in city-centre meeting rooms.

Data collection: We conducted focus group meetings with with people (and partners of people) who have experienced a miscarriage, a stillbirth, or a termination due to fetal anomaly, and the choices they made about commemoration. The focus group meetings, which lasted 60-90 minutes, explored people's understanding and shared perceptions of the law concerning registration and the disposal of remains following pregnancy loss.