NI Bereavement Network

Care of the Deceased Adult in Hospital and Those Important to Them

A Guideline for Nursing and Midwifery Practice in Northern Ireland

Title:	**Care of the Deceased Adult in Hospital and Those Important to Them** **A Guideline for Nursing and Midwifery Practice in Northern Ireland**
Author:	**Trust Bereavement Coordinators** **NI Bereavement Network**
Approvals:	**NI Bereavement Network** **Chief Nursing Officer, Department of Health**
Version:	**Replaces: Care of the Deceased Patient and their Family** **A Guideline for Nursing Practice in Northern Ireland March 2017**
Date published:	**5 May 2026**
Date uploaded:	**5 May 2026**
Addition of Appendix 7: Maternal Death Protocol	**17 August 2026**
Review Date:	**May 2030**

Foreword by the Chief Nursing Officer of Northern Ireland

As Chief Nursing Officer for Northern Ireland, I am pleased to present an updated version of **'The Care of the Deceased Adult in Hospital and Those Important to Them: A Guideline for Nursing & Midwifery Practice in Northern Ireland'**. This document represents a significant step forward in our ongoing commitment to ensuring that the care provided at the end of life remains both compassionate and respectful, acknowledging the emotional and cultural importance of every individual's journey through bereavement.

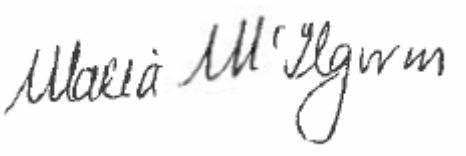
Nursing and Midwifery, at their core, are about care - care for our patients, their families, and the wider community. Nursing and Midwifery practice extends beyond providing care at the end of life to include the delivery of safe, sensitive, and high-quality care for the deceased person at the time of and after death, taking into consideration the wishes of the deceased and their family. In this context, nurses and midwives play a vital role in upholding dignity and respect, helping families and loved ones navigate a challenging transition.

The ever-changing landscape of healthcare requires us to navigate increasingly complex interactions with multidisciplinary teams, ensuring that every individual's unique cultural, religious, and spiritual needs are acknowledged and accommodated. These guidelines support practitioners in delivering safe and sensitive care while ensuring that practice aligns with legal and professional responsibilities. The guidelines equip our practitioners with the knowledge required to support bereaved families effectively, addressing both emotional and practical concerns that can often arise during this sensitive period.

Informed by key strategies and standards across Health and Social Care (HSC) Services, these guidelines are designed to guide practice, foster teamwork, and support continuous professional development. By clarifying roles and responsibilities in bereavement care, they help ensure a seamless and supportive experience for families when it is most needed.

I encourage all nursing and midwifery staff across Northern Ireland to engage with this guidance, embrace its principles, and continually strive to enhance the quality of care provided in this important aspect of practice.

Finally, I want to thank all those who contributed to the formulation of this updated guidance. I wish to acknowledge the commitment and compassion of all healthcare professionals involved in this delicate aspect of care. Your dedication is vital to fostering a culture of empathy and excellence in our health service.



Maria McIlgorm

Chief Nursing Officer for Northern Ireland

1. Introduction

‘Last offices’ is the term traditionally used in nursing and midwifery to describe the final acts of care for a deceased patient’s body. The term ‘personal care after death’ is now more commonly used to describe care of the deceased patient’s body and the wider responsibilities that nurses and midwives have at the time of and immediately after death (The Royal Marsden NHS Foundation Trust, 2020).

Whilst nursing and midwifery roles have evolved in recent years, care of the deceased patient’s body continues to afford nurses and midwives the opportunity to demonstrate respect and sensitivity, including due regard for any required cultural, religious and spiritual considerations. Advice on the requirements of a range of faiths and cultures around death is available on the Bereaved NI website: https://bereaved.hscni.net/bereavement-support/spiritual-support/

Nurses and midwives are in a unique position to liaise with colleagues in other professions and services to coordinate health and safety, legal and administrative requirements resulting from the death.

Providing information and support to bereaved carers and family is also an essential element of nursing and midwifery care after death. The requirement for clear, sensitive and compassionate communication when providing support and information to bereaved families is a fundamental element of person-centred nursing and midwifery care after death.

The Northern Ireland Bereavement Network (NIBN) and Trust Bereavement Coordinators (TBCs) support regional implementation of the Health and Social Care (HSC) Services Strategy for Bereavement Care (Department of Health, Social Services and Public Safety, 2009). The strategy outlines six standards for care that guide the quality of service and support delivered by HSC staff before, at the time of and after death (see Appendix 1).

The development of a regional Body Transfer Form (see Appendix 2) incorporates three of the bereavement strategy standards. This provides nurses and midwives with a standardised approach to facilitate the safe and effective care and transfer of a deceased patient’s body. This form also communicates important information to those with responsibility for the deceased patient, such as mortuary staff and funeral directors.

This guideline provides information on nursing and midwifery care after death, including the importance of reporting the death promptly to medical colleagues and recognising the distinct legal and professional responsibilities of doctors.

Certification of death, and referral to the Coroner are the medical responsibility of staff in line with Department of Health guidance (Department of Health, 2018).

Verification of life extinct may be undertaken by nurses who are trained and competent, in accordance with Trust policy. Nurses and midwives should be aware of these processes, as they may influence how they provide care for the deceased, but they are not responsible for undertaking certification or Coroner referral.

This guidance will also inform midwifery staff in the event of a maternal death; additional guidance is available within the Maternal Death Protocol (see Appendix 7)

Originally published in 2017, Care of the Deceased Patient and their Family aimed to provide nursing and midwifery staff with a holistic perspective on all processes associated with care after death. It is considered important to review and update this guideline to ensure the continued delivery of safe, effective and sensitive care for the deceased patient and those important to them.

Throughout this document, the term “family” is used to describe family in the widest sense to incorporate all those who are important to the deceased patient.

2. Review of the guideline

This guideline was due for review in June 2019 and was delayed due to the impact of the Covid-19 pandemic. Trust Bereavement Coordinators reviewed these guidelines, and in 2024 a consultation process invited responses from nurses, midwives, other health care professionals, the Northern Ireland Bereavement Network, external stakeholders and patient and public involvement within Northern Ireland.

3. Who will find this guideline useful?

The guideline has been written for nurses and midwives who have the responsibility for the care of a deceased patient within the hospital setting. It will additionally provide useful insight for other healthcare settings, as well as for healthcare professionals and external stakeholders who support patients and families at the time of death and in the period that follows.

The principles contained within this guidance can be utilised to inform and develop local guidance in other care settings.

It complements the information and related theory in the Royal Marsden Manual of Clinical Nursing Procedures (The Royal Marsden NHS Foundation Trust, 10th Ed. 2020), promoted as the gold standard in evidence-based nursing care.

4. Aim of the guideline

The guideline aims to:

- Promote safe, sensitive and high-quality care of the deceased patient at the time of and after death, taking into consideration the known wishes of the deceased patient and their family
- Ensure the deceased patient is treated with dignity and respect, and that cultural, religious and spiritual needs are met
- Promote effective multidisciplinary working by outlining the roles and responsibilities of relevant professionals who are involved in caring for deceased patients and their families
- Promote effective communication and the use of a key professional to share information to assist families with the practical issues that arise as a result of the death e.g. registration of death or a death that is referred to the Coroner
- Inform the management of a maternal death (see appendix 7)
- Inform the development of relevant policies, procedures and protocols to guide the practice of health and social care staff
- Provide a resource that will be useful for pre and post registration training and education to contribute to the professional development of nurses and midwives in the care of the deceased patient and their family
- Inform the development of local guidance outside of hospital settings.

5. Principles for care of the deceased patient and their family

5.1. Death may be expected, sudden, peaceful or traumatic. The nature of the death and the context in which it has occurred, may determine the type of immediate or further support and information required by those who have been bereaved. This is described in the Irish Hospice Foundation Adult Bereavement Care Booklet: https://hospicefoundation.ie/wp-content/uploads/2025/05/Adult-Bereavement-Care-Booklet-A-National-Framework.pdf

5.2. In the circumstances where a patient with no known next of kin is approaching end of life, the named nurse / social worker / care manager / GP should be informed immediately so that information gathering can take place and the necessary arrangements made.

5.3. Regardless of the nature and circumstances of the death, the overarching principles

contained within this guideline should be applied.

5.4. The following principles should inform nursing and midwifery practice when death occurs:

- Acknowledgement of the grief of bereaved people, provision of emotional and practical support and information appropriate to the circumstances
- Consideration for the religious, spiritual and cultural wishes of the deceased patient and their family. Advice on the requirements of a range of faiths and cultures around death is available on the Bereaved NI website: https://bereaved.hscni.net/bereavement-support/spiritual-support/
- Ensure that legal obligations are met in relation to sudden and unexpected death. Please see section 8: After death - governance and legal issues for further information
- Ensure legal obligations for reporting a maternal death are met as per Maternal Death Protocol (see Appendix 7)
- Preparation of the deceased patient's body and the immediate environment.
- Provision of a dignified space for the family to be together in the time immediately after the patient's death.
- Coordination of the transfer of the deceased patient to the mortuary or the funeral director's premises.
- Facilitation of family participation in the care after death process, if this is requested. For example, washing and dressing the patient in accordance with the Trust Manual Handling policy and Infection Prevention and Control policy
- Ward contact details are given to the family in the event that they may have questions or queries after leaving the hospital
- Notification to the patient's GP in a prompt manner, to inform them of the death so that appropriate bereavement support might be considered. Where a Care Home resident has died in hospital, the Care Home Manager must be informed promptly, to enable Care Home staff to offer appropriate support to the family and other residents
- Protection of the privacy and dignity of the deceased patient and their family.
- Protection of the health and safety of those coming into contact with the deceased patient See: NI Regional Infection Prevention and Control Manual December 2025: https://www.niinfectioncontrolmanual.net/
- All aspects of care for the deceased patient and their family as well as any communication should be documented in the Discharge as Deceased navigator on encompass (See Appendix 3)
- Preparation of the environment to provide a quiet and respectful space when a patient has died or is likely to die, the Trust symbol (Waterlily or Purple Spiral) should be displayed in the immediate area to inform others that a death is imminent or has occurred

- Liaison with specialist staff in organ and tissue donation (SNOD), where indicated.
- Return personal possessions of the deceased patient to the family in a respectful manner and record same in the Discharge as Deceased navigator on encompass.
- If Coroners post-mortem examination (PME) is discussed please see https://www.justice-ni.gov.uk/articles/coroners-service-northern-ireland for further information and refer to Trust policy. Written information should be provided to support the PME conversation
- If hospital consented post-mortem examination (PME) is discussed please see https://www.health-ni.gov.uk/publications/hsc-consent-hospital-postmortem-examination-regional-policy for further information and refer to Regional Trust policy. Written information should be provided to support the PME conversation
- The Body Transfer Form (1A) used to transfer all deceased children and adults should be completed as per Trust guidance. (See Appendix 2)

6. Before death - steps to creating a supportive experience for the patient and their family

6.1. Where death is anticipated and predicted, it is important that agreement is reached between medical, nursing and midwifery teams, patients and their families, about clinical decisions and a plan of care that is appropriate to the needs and known preferences of the dying patient.

In keeping with the principles of advance care planning (ACP), there should be clear and unambiguous communication to ensure there is an understanding that death is imminent (Department of Health, 2022). This allows for timely and appropriate preparation to meet the wishes of the dying patient and their family. For example, in the case of a Care Home resident in hospital, unable to communicate their wishes, with no next of kin, contact the Care Home Manager to ascertain if there has been a record of any Advanced Care Plan conversations.

If appropriate, timely referral to members of the specialist palliative care and chaplaincy teams should be considered.

Decisions documented in the patient's digital encompass records may include:

- The patient's preferences around their treatment and care.
- Resuscitation status (Resuscitation Council UK, 2016).
- Management of implanted cardiac devices. If the patient who died had a pacemaker or other type of implant, this may need to be removed before cremation. (See Trust Policy for deactivation and cremation advice).

- Preferences for place of death, whenever possible.

- Any religious, spiritual, cultural or practical wishes - this is particularly important if immediate release for burial or cremation is a faith requirement. Advice on the requirements of a range of faiths and cultures around death is available on the Bereaved NI website: https://bereaved.hscni.net/bereavement-support/spiritual-support/

- Spiritual support for both the dying patient and those that are important to them can be provided by their own faith representative and / or hospital Chaplaincy Service. This should be offered in a timely manner and revisited regularly to allow for meaningful interaction with the patient and their family.

- Contact information for those that the dying patient would like to have with them at the time of death is discussed, recorded in the patient's digital encompass record and should be accessible by all appropriate staff. It is advisable that more than one contact telephone number is recorded in the event that the first point of contact cannot be reached.

- Every effort should be made to accommodate the preferences of the dying patient.

- Where there is no nominated next of kin, record the name and contact number of the patient's solicitor or nominated funeral director, if available. Please refer to Trust guidance.

- Any wishes regarding whole body donation for medical research, can only be arranged prior to death by the patient.

6.2. The patient's wishes regarding organ and tissue donation may or may not be formally recorded on the Organ Donor Register (ODR). However, since 1st June 2023, Dáithí's Law states that all adults in Northern Ireland will be considered potential organ donors unless they choose to opt out or are in an excluded group (Organ Donation Northern Ireland, 2022). If a patient dies in hospital, each Trust has a specialist nurse for organ donation (SNOD) that must be contacted and involved in consent discussions, if donation is an option. They will provide appropriate information, advice and support to staff and families. The on-call SNOD can be contacted using the 24-hour pager number for the NI Organ Donation Services Team which can be obtained from the Intensive Care Unit or Trust switchboard.

6.3. Care of the dying patient may have a significant impact on the family's experience before, at the time of death and later in the grief journey. Where possible, a dying patient should be nursed in a single room where the family can spend time with their loved one before, at the time of and after the death. Where a patient is being cared for in an open ward setting, nurses and midwives should be aware of the potential impact of this situation on other patients and visiting families. Measures should be taken to ensure the privacy and dignity of everyone involved, for example drawing the curtains around the patient's bed and displaying the Trust symbol (Waterlily or Purple Spiral) to prepare the environment to provide a quiet and respectful space. If possible, a quiet confidential space for family discussions should also be sought.

6.4. Normal visiting hours should be relaxed for families and those important to the dying patient and every effort should be made to accommodate their wishes, where possible. Where families are spending extended periods at the bedside before death, it is important that nursing and midwifery staff consider appropriate comfort measures, explain where refreshments are available and options for reimbursement of car parking costs. In the circumstances where families are unable to visit, the option of virtual visiting should be offered to the patient / family where appropriate.

6.5. In sudden death situations, many of the principles outlined above will still be relevant. However, nursing and midwifery staff should be aware of the potential impact of trauma on an individual's response or behaviour and their need for support in the immediate aftermath of sudden and unexpected death.

7. At the time of death - steps to creating a supportive experience for the family

7.1. The patient's family should be informed of the death in a clear, supportive and compassionate manner and offered the services of hospital chaplaincy to provide support in the circumstances. The compassionate use of communication strategies for breaking bad news may help reduce the risk of causing further or unintentional distress (National Council for Hospice and Specialist Palliative Care Services, 2003).

7.2. Spiritual care is important and should be discussed at various points of the patient's journey. Chaplaincy service / faith-based support will offer support to patients, family and staff when requested.

7.3. If the family's first language is not English, the timely services of an interpreter should ensure that they receive the information they need to make sense of what has happened, especially if the death was not expected. They should be supported with the appropriate translated written bereavement literature, where available.

7.4. If the family is not present at the time of death, they should be contacted and informed of the news in a sensitive and compassionate manner. In circumstances where staff are unsuccessful in contacting the family, the police service can be of assistance in locating them and breaking significant news. When families arrive at the ward / department, staff should meet them and accompany them to the deceased patient and provide the necessary support.

7.5. Anticipate and answer any questions the family may have in relation to their loved one's care before, at the time of and after death.

7.6. The family will require a sensitive verbal explanation from medical and nursing and midwifery staff of what will happen next, which will be dependent on the circumstances of death. This includes:

- when formal verification of life extinct has taken place

- completion and explanation of the Medical Certificate of Cause of Death
- potential review of the Medical Certificate of Cause of Death by the Independent Medical Examiner (IME)
- reporting the death to the Coroner's Service, if appropriate
- transfer to mortuary / funeral director
- contact from the General Register Office (GRO) regarding the registration of the death and the issuing of the Death Certificate

7.7. The NIBN bereavement booklet "When someone dies – information and support for family and friends" is available on the Bereaved NI website https://bereaved.hscni.net/hsc-bereavement-booklet/ and provides practical and emotional information for people who are bereaved: available in various languages.

7.8. Personal care of the deceased patient and attention to the surrounding environment, is an important aspect of nursing and midwifery care prior to a family spending time with their loved one. Families who have requested the opportunity to participate in personal care after death should be facilitated to do so where possible, following the Trust infection prevention and control policy.

Following traumatic death, the family should be prepared for the physical changes that may have occurred as a result of the death.

7.9 If the patient is on a syringe pump at time of death and the death was expected; the registered nurse should stop the pump and complete a monitoring check, detailing the syringe pump being stopped. The syringe pump must be left in situ with the patient until the verification of life extinct has been completed. The professional completing the medical certificate of cause of death must confirm whether a referral to the Coroner is required or not. If the Coroner is involved, they will direct if the pump needs to be left in-situ. Please refer to Trust policy. Verification of life extinct is carried out by medical staff and registered nurses who have completed the appropriate training.

If there is no referral to the Coroner, clamp any drains and intravenous or subcutaneous lines still in situ. Remove any connected infusion lines and infusions.

When the death is being referred to the Coroner to investigate the cause of death, but where there are no suspicious circumstances, then leave IV cannulae and lines in situ and catheters spigotted. Infusions and medicines being administered prior to death via pumps can be taken down and disposed of according to local policy, but must be recorded in nursing, midwifery and medical documentation. The contents of catheter bags can be discarded according to local policy. Leave the ET tube in situ as cutting the tube deflates the balloon holding the tube in position. The increased mobility may enable the ET tube to become displaced during the handling of the body and any possibility of movement will lead to confusion should the Coroner need to investigate this through post-mortem examination. Personal care can then be given as for deaths without Coroner involvement. Ensure the cardiac defibrillator is deactivated.

When the death is being referred to the Coroner as the circumstances surrounding the

death give rise to suspicion, there should be minimal contact with the body. Leave all drains, tubes, intravenous (IV) cannulae and lines in situ and IV infusions clamped but intact (this includes syringes with controlled drugs from syringe pumps). Leave any urinary catheter in situ with the bag and contents. Do not wash the body or begin mouth care in case this destroys evidence. Continue using universal infection control measures to protect people and the scene from contamination. Please refer to local Trust policy. Mortuary staff can provide guidance on this at the time of death. Ensure the cardiac defibrillator is deactivated.

7.10 The physical care after death begins once verification of life extinct has been completed and documented on encompass. The deceased patient's body can then be prepared for transfer to the mortuary / funeral director. Families should be offered the opportunity to spend some time with their loved one following death, should they wish.

7.11. Further resources to support people who are bereaved are available on the Bereaved NI website https://bereaved.hscni.net/.

7.12. Some families may request a memento, such as a lock of hair from the deceased patient. These wishes should be accommodated where possible.

8. After death - governance and legal issues

In Northern Ireland, holding a 'wake', where family and friends come together to view the deceased patient and support the bereaved family, is a common occurrence. The expectation that a funeral can be arranged within three to four days of death has a deep religious, cultural and social significance. While every effort is made by all services with a responsibility after death to facilitate this practice as far as possible, several statutory and legal processes after death must be fulfilled prior to a funeral and burial / cremation taking place, which may impact upon the timing of the burial / cremation.

Nursing and midwifery staff caring for deceased patients and their families should be familiar with such statutory and legal requirements. Knowledge of the roles and responsibilities of other relevant healthcare professionals and agencies is essential as they too may inform the actions nurses and midwives are required to undertake or coordinate at the time of death.

This section outlines the processes of which nurses and midwives need to be aware.

8.1. Verification of Life Extinct (VOLE)

All deaths need to be formally confirmed or verified. A medical practitioner or a health care professional, trained in the verification of life extinct, is required to attend and formally verify that death has occurred. This must be completed prior to the deceased patient being transferred from their place of death (Department of Health, 2019).

It is best practice that verification of life extinct takes place as soon as possible, especially when family are present, or when death occurs close to midnight: the recorded date and time of verification of life extinct informs the date and time of death that will be entered on

the Medical Certificate of Cause of Death.

HSC Trusts and Hospitals must have an appropriate policy and procedure in place for verification of life extinct.

For further information please see: https://www.health-ni.gov.uk/publications/guidelines-verifying-life-extinct and https://www.hospiceuk.org/publications-and-resources/registered-nurse-verification-expected-adult-death-guidance-rnvoed

8.2. Completion of the Medical Certificate of Cause of Death (MCCD)

Registered Medical Practitioners have a legal duty to provide a Medical Certificate of Cause of Death if, to the best of their knowledge, that patient died of natural causes for which, they had treated that patient in the last 28 days as stipulated in https://www.health-ni.gov.uk/topics/guidance-surrounding-death.

The doctor completes the Medical Certificate of Cause of Death on the NI Electronic Care Record (NIECR) and emails it to the General Register Office (GRO).

Some Medical Certificates of Cause of Death may be subject to review by an Independent Medical Examiner (IME). This involves a discussion between the Independent Medical Examiner and the certifying doctor. Once the review is complete the doctor emails the Medical Certificates of Cause of Death to the General Register Office.

The nurse should communicate directly with the doctor completing the Medical Certificate of Cause of Death and prompt that it has been completed, and that any review by the Independent Medical Examiner has been completed and subsequently emailed to the General Register Office in a timely manner.

It is good practice that the information on the Medical Certificate of Cause of Death is explained to the family by the treating medical practitioner.

The Medical Certificate of Cause of Death should be processed as soon as possible, so burial or cremation arrangements are not unduly delayed. If this timeframe is not met the reasons for this should be explained sensitively to the family. Cultural or religious practices requiring completion on the same day, should be accommodated if possible.

8.3. The Death Certificate

Families should be informed that they will be contacted by the local Registrar who will arrange for the Death Certificate to be posted out or collected. See NIBN bereavement booklet “When someone dies – information and support for family and friends” https://bereaved.hscni.net/hsc-bereavement-booklet/ for further information

The Death Certificate is the permanent legal record of the death. It provides the family with an explanation of how their relative died and allows them to settle the affairs of the deceased.

It also contributes to statistical information on causes of death used for monitoring the health of the population as evidenced by the Northern Ireland Statistics and Research

Agency (NISRA) https://www.nisra.gov.uk/

Once the death is registered the family can then make funeral arrangements.

8.4. Cremation

If the deceased patient or their family indicate that cremation is their preferred option, there is a separate cremation certification process. This involves the completion of a series of medical forms by the doctor who has seen and treated the patient and a second doctor, who is independent. The doctors are required to examine the deceased patient after death.

The funeral director nominated by the family will make the necessary arrangements for completion of cremation documentation and will liaise with medical staff.

Bereaved families may ask nursing and midwifery staff about the process for arranging cremation and they should be reassured that their nominated funeral director will assist them with arrangements. Universal forms must be used for all requests for cremation at both Cremation Authorities and are available to be downloaded at the relevant Council websites at:

https://antrimandnewtownabbey.gov.uk/residents/crematorium/

https://www.belfastcity.gov.uk/cremations#319-2

8.5. Reporting Death to the Coroner

Section 7 of the Coroners Act (Northern Ireland) 1959 states:

Duty to give information to coroner

Every medical practitioner, registrar of deaths or funeral undertaker and every occupier of a house or mobile dwelling and every person in charge of any institution or premises in which a deceased person was residing, who has reason to believe that the deceased person died, either directly or indirectly, as a result of:

- *violence or misadventure or by unfair means*
- *or as a result of negligence or misconduct or malpractice on the part of others*
- *or from any cause other than natural illness or disease for which he had been seen and treated by a registered medical practitioner within twenty-eight days prior to his death*
- *or in such circumstances as may require investigation (including death as the result of the administration of an anaesthetic)*

shall immediately notify the coroner within whose district [service] *the body of such deceased person is of the facts and circumstances relating to the death.*

For the management of a maternal death please also see Appendix 7

Decisions concerning referral to the Coroner are based on the DoH Guidance Surrounding

Death, available at: https://www.health-ni.gov.uk/publications/guidelines-matters-relating-coroner

Following report of a death, the Coroner in NI will direct one of three courses:

- Advise doctor to complete Medical Certificate of Cause of Death
- Allow death to be processed under Pro Forma system
- Direct a post-mortem examination

If the Coroner directs to use the Pro Forma system, they will ask the doctor to complete a special Pro Forma form (or accompanying letter) that briefly sets out the background and circumstances to the death. This is then sent to the Coroner with an unsigned Medical Certificate of Cause of Death. The Medical Certificate of Cause of Death and Clinical Summary are accessed via NIECR by the Coroner's Office.

In order to establish the cause of death the Coroner may direct that a post-mortem examination takes place.

At this particularly distressing time, bereaved families should be given information and support to help them understand the Coroner's process and what will happen next. In particular, families must be informed that they will need to formally identify the body of their loved one, in the presence of the Police Service of Northern Ireland (PSNI). Advice on the Coroners processes and frequently asked questions is available at https://www.justice-ni.gov.uk/articles/coroners-service-northern-ireland

Police officers, acting as Coroner's agents will speak with families to gather information about the deceased patient's last minutes / hours of life and give details about where and when a post-mortem examination, if directed, will take place.

Regardless of the Coroner's decision to proceed with a post-mortem examination, any contact with the Coroner's Office should be shared with the family.

Nursing and midwifery staff can assist medical colleagues in providing support and information to the family in these situations. They also need to be made aware that, as part of the Coroner's process, they may be required to provide information on the circumstances of death. It is best practice that all organisations have their own policy and guidance for assisting the Coroner's investigations that staff must be familiar with and adhere to.

Formal statements or digital encompass records are usually requested through the Risk Management / Litigation Departments who will follow agreed protocols and assist staff to provide information to the Coroner's Service.

8.6. Implications for practical nursing and midwifery care of the deceased patient when the Coroner directs a post-mortem examination

A key consideration for nurses and midwives when the Coroner directs a forensic post-mortem examination is the restrictions that will apply to the practical care of the deceased patient. If a forensic post-mortem examination is ordered it is essential that the deceased

patient is seen by the pathologist exactly as the deceased was at the time of death. Please refer to local policy / guidance.

Where the Coroner directs a post-mortem examination, liaise with medical colleagues for confirmation of the Coroner's directions and adhere to the instructions below in relation to caring for the deceased patient:

- Do not wash the deceased patient. Fluids or discharge should be managed by using absorbent dressings or pads
- Leave all intravenous and subcutaneous cannulae and lines in situ and infusions clamped but intact
- The registered nurse can stop the infusion and complete a monitoring check detailing the pump being stopped. The syringe pump must be left in situ with the patient and only when instructed by the doctor who has had the discussion with the coroner can the syringe pump be removed and medication discarded
- Leave endotracheal (ET) tubes in situ
- Leave catheter / drains in situ with the bag and contents
- Continue using universal Infection Prevention and Control measures to protect people and the scene from contamination
- Follow your organisation's policy and procedure for securing and preserving evidence in suspicious circumstances and transfer of the deceased patient from their place of death to the Forensic Mortuary based at the Royal Victoria Hospital for post-mortem examination
- Document all your nursing and midwifery care including communication with the family, on encompass

Sensitively inform the family of the reasons why devices are left in situ and that after examination they will be removed.

See: https://www.health-ni.gov.uk/publications/guidelines-matters-relating-coroner

9. Care after death

The body of the deceased patient needs to be cared for with dignity and respect and it is helpful if the surrounding environment conveys this. Evidence suggests that the entire holistic end of life care may have a substantial effect on families and also a profound impact on their grief journey.

9.1. The personal care of the deceased patient's body is the responsibility of two people, one of whom must be a registered nurse. The registered nurse is responsible for correctly identifying the deceased patient, checking the three-point identifier on both identification bands, as part of practical nursing and midwifery care and communicating accurately with

mortuary staff or the funeral director in line with local policy and protocols. The registered nurse must ensure that the ID bands on the deceased patient match the information documented on Section A of the Body Transfer Form.

9.2. Personal care after death should be carried out within **four hours** of the patient dying, to preserve their appearance, condition and dignity. This is because rigor mortis can occur relatively soon after death and the time period is shortened in warmer environments. Tasks such as laying the deceased patient flat with a single pillow supporting their head, need to be completed as soon as possible within this time. If the family are not present at the time of death and they request to view the deceased patient, arrangements should be made for this to take place in an appropriate setting, if available. Families wishing to spend time with the deceased patient should be accompanied and supported by an appropriate member of staff.

Nursing and midwifery staff should contact the mortuary staff in advance if viewing is requested, to make the necessary arrangements. The viewing of a patient in the mortuary may not be possible outside normal mortuary operational hours and can only be accommodated by prior appointment. Families should be encouraged, where possible to view their loved one in the designated funeral home after the funeral director has appropriately prepared the body.

Mortuary staff must also be informed if the deceased patient has no next of kin.

9.3. Standard Infection Prevention and Control precautions should be followed during the care of all deceased patients. Any additional infection control precautions in place before the patient died should continue after death, during the personal care of the deceased patient. See below links for precautions relevant to infection, including advice on when a body bag may be required or where viewing of the body is affected.

For further information see: https://www.niinfectioncontrolmanual.net/transmission based precautions/

9.4. To encourage a quiet and respectful environment when a patient has died or is likely to die, the Trust symbol (Waterlily or Purple Spiral) should be displayed in the immediate area to inform others that a death is imminent or has occurred.

9.5. The family should be facilitated to spend time with their loved one in the period immediately after death if they wish. Regardless of the circumstances surrounding the death, families' wishes to view the deceased patient should be facilitated where possible. Families should be prepared for what they may see.

9.6. Personal property should be returned with consideration for the feelings of those receiving it and in line with local policy. If the deceased patient has any soiled or cut clothes, this should be discussed sensitively with the family. They should be given the option to have these returned or disposed of by staff. They may wish to be involved in gathering and packing their loved one's personal property and should be given the opportunity to do so. Woven bags designed for the specific purpose of returning a deceased patient's property should be used, where available.

9.7. In circumstances where the deceased patient has no next of kin, staff need to alert the

mortuary or funeral director of this and the deceased patient's property may need to accompany them.

9.8. Nurses and midwives should take time to explain to the family what will happen next and provide suitable written / electronic bereavement support information to supplement the conversation. This information should be given to the family after the death of the patient has occurred, with an opportunity for the family to ask further questions. Additional specific bereavement resources are available on the Bereaved NI website https://bereaved.hscni.net/.

9.9. When family members are ready to leave their loved one, it is good practice for a member of staff to accompany them as they leave and offer a final word of condolence, providing an opportunity to answer any questions they may have.

9.10. When personal care and identification of the deceased has been completed as per Royal Marsden Procedure Guidelines Care after Death, the nurse or midwife should complete the relevant section on the Body Transfer Form (see Appendix 2)

9.11. Staff health and wellbeing is important; bereavement support / resources should be available to staff in all organisations. These can be accessed on the Bereaved NI website https://bereaved.hscni.net/.

10. Transfer of the deceased patient from the place of death

After death, the deceased patient will be taken from their place of death, to a mortuary or funeral home while burial and cremation arrangements are made. The privacy and dignity of the deceased patient on transfer from the place of death is paramount.

Healthcare staff are responsible for ensuring the respectful and dignified transfer of the deceased patient. This should include the way in which the deceased patient is covered and how they are moved from their place of death to the mortuary / funeral home.

10.1. Nursing and midwifery staff should have discussions with the staff involved in the transfer e.g. porters / Funeral Director, who should be aware of the importance of maintaining the dignity and respect of the deceased patient, the privacy of families and the feelings of other people. Porters and funeral directors must be informed if the patient is bariatric to ensure that the transfer can be carried out safely, appropriately and with dignity.

10.2. If the family request to see their loved one in a mortuary and this is feasible, nursing and midwifery staff should arrange this with mortuary colleagues prior to their attendance and a member of staff should accompany the family, adhering to mortuary guidelines. Please refer to section 9.2.

10.3. Mortuary staff and Funeral Directors must be informed about deceased patients who present a serious infection hazard. In order to maintain patient confidentiality, the nature of

the disease must not be disclosed to the designated family funeral director. Nursing and midwifery staff can seek advice from their Infection Prevention and Control Team if required. Please refer to Section 9.3.

10.4. There needs to be clear communication to mortuary staff and funeral directors regarding; property transferring with the deceased patient, the presence of implanted devices and information relevant to the burial or cremation including risk assessment for deceased patients who are bariatric. This information should be recorded in the Body Transfer Form that accompanies the deceased patient (see Appendix 2) and on encompass.

10.5. Universal Infection, Prevention and Control precautions should be followed during transfer. Please refer to Section 9.3 Standard Infection Prevention and Control precautions https://www.niinfectioncontrolmanual.net/transmission based precautions/

10.6. Where a family member wishes to accompany their relative on their transfer, consideration should be given to this request and facilitated where possible following discussion with the mortuary staff or funeral director.

11. Recording the care provided after death

11.1. It is important that all aspects of care carried out after death are documented in the Discharge as Deceased navigator on encompass (See Appendix 3), in keeping with advice on record keeping, as outlined in the NMC Code https://www.nmc.org.uk/standards/code/ (The Nursing and Midwifery Council, 2018). This should include the date, time and who was present at time of death.

11.2. Any risks or problems that may have arisen and the steps taken to address them should be documented to ensure continuity of care.

11.3. Section A and B of the Body Transfer Form must be completed as per Trust guidance (see Appendix 2)

11.4. The Discharge as Deceased navigator on encompass must be completed following the death of a patient documenting actions taken by nursing and midwifery staff. (see Appendix 3)

11.5. Confirmation that the deceased patient's General Practitioner (GP) has been informed of their patient's death should be documented.

11.6. Document that bereavement information has been shared with the family in the Discharge as Deceased navigator on encompass.

12. Education, training and support for staff providing care after death.

12.1. Education and training on all aspects of care after death should be included in relevant pre- registration training curricula for nursing and midwifery.

12.2. The practical aspects of care after death including communication and documentation should be included in Trust induction and mandatory training programmes.

12.3. The opportunity for reflection and support should be available for staff after a death and this should be facilitated by the ward sister / charge nurse or midwife and / or Clinical Medical lead. In some circumstances, referral to support services may be helpful such as: Occupational Health, Lena by Inspire https://lenabyinspire.com/ or Staffcare https://www.staffcare.org/

12.4. All incidents or concerns related to care after death should be reported via organisational arrangements for Health and Social Care Incident Reporting with outcomes and learning points or actions shared with the staff involved.

12.5. All comments or compliments received from families, relating to care before, at the time of and after death, should be shared with relevant staff to demonstrate the impact their care had on the family. If helpful, families can be directed to Care Opinion. https://www.careopinion.org.uk/

12.6 Trust service user feedback links

- **Belfast Health & Social Care Trust:** https://belfasttrust.hscni.net/contact-us/compliments-and-complaints/
- **Northern Health & Social Care Trust:** https://www.northerntrust.hscni.net/contact-us/compliments-and-complaints-form/
- **South Eastern Health & Social Care Trust**: https://setrust.hscni.net/contact-us/complaints/ or https://setrust.hscni.net/contact-us/compliments/
- **Southern Health & Social Care Trust**: https://southerntrust.hscni.net/get-in-touch/website-feedback-form/
- **Western Health & Social Care Trust:** https://westerntrust.hscni.net/contact-us/complaints-comments-and-compliments/

13. References and further reading

Bereaved NI website

Available at: https://bereaved.hscni.net/

Business Services Organisation (2020) *HSC values*, *Business Services Organisation website*.

Available at: https://bso.hscni.net/hsc-values/

Clover, B. (2010) *Nurse training ignores emotional impact of last offices, say academics*, *Nursing Times*. Available at: https://www.nursingtimes.net/news/nurse-training-ignores-emotional-impact-of-last-offices-say-academics-18-05-2010/

Coroners Service for Northern Ireland

Available at: https://www.justice-ni.gov.uk/articles/coroners-service-northern-ireland

Coroners Act (Northern Ireland) (1959) Legislation.gov.uk.

Available at: https://www.legislation.gov.uk/apni/1959/15/contents

Department of Health, (2019) Guidance surrounding Death.

Available at: https://www.health-ni.gov.uk/topics/guidance-surrounding-death

Department of Health (2015) Improvements to care in the last days and hours of life, GOV.UK.

Available at: https://www.gov.uk/government/publications/improvements-to-care-in-the-last-days-and-hours-of-life

Department of Health (2015) Living Matters, Dying Matters Strategy (2010), Health.

Available at: https://www.health-ni.gov.uk/publications/living-matters-dying-matters

Department of Health (2015) New approach to care for the dying published, GOV.UK.

Available at: https://www.gov.uk/government/news/new-approach-to-care-for-the-dying-published

Department of Health, Social Services & Public Safety (2009) The Northern Ireland Health and Social Care Strategy for Bereavement Care (2009). Available at: https://www.health-ni.gov.uk/publications/northern-ireland-bereavement-strategy-2009

Department of Health (2019) Guidelines for matters relating to the coroner.

Available at: https://www.health-ni.gov.uk/publications/guidelines-matters-relating-coroner

Department of Health (2019) *Guidelines for verifying life extinct*, *Health*.

Available at: https://www.health-ni.gov.uk/publications/guidelines-verifying-life-extinct

Department of Health (2023) *Advance Care Planning: For Now and for the future*, *Health*.
Available at: https://www.health-ni.gov.uk/articles/advance-care-planning-now-and-future

Department of Health (2023) *Organ and Tissue Donation Act ('Dáithí's Law') Northern Ireland, HSC Public Health Agency*. Available at: https://www.publichealth.hscni.net/organ-donation

Department of Justice (2023) *Coroners service for Northern Ireland*, *Justice*.
Available at: https://www.justice-ni.gov.uk/articles/coroners-service-northern-ireland

Faith, Spiritual and Cultural Handbook
Available at: https://bereaved.hscni.net/delivering-bad-news-irish-hospice/

Hospice UK (2024) https://www.hospiceuk.org/innovation-hub/clinical-care-support/care-after-death

Irish Hospice Foundation (2018) https://hospicefoundation.ie/our-supports-services/bereavement-loss-hub/i-work-in-bereavement/adult-bereavement-care-pyramid/

Irish Hospice Foundation *Delivering Bad News Animation*
Available at: https://bereaved.hscni.net/delivering-bad-news-irish-hospice/

Lister, S.E. et al (2020) Chapter 28.1 *The Royal Marsden Manual of Clinical Nursing Procedures* 10th edn. Chichester, West Sussex. Wiley-Blackwell
Available at: https://www.rmmonline.co.uk/

Lomas, C. (2010) *Last offices neglected in over half of hospital deaths*, *Nursing Times*.
Available at: https://www.nursingtimes.net/hospital-nursing/last-offices-neglected-in-over-half-of-hospital-deaths-11-05-2010/

National Institute for Care and Health Excellence (2015) *Care of dying adults in the last days of life*. Available at: https://www.nice.org.uk/guidance/ng31

Nursing and Midwifery Council (2018) *the code: Professional standards of practice and behavior for* nurses*, midwives and Nursing Associates*.
Available at: https://www.nmc.org.uk/standards/code/

Organ Donation Northern Ireland
Available at: https://www.organdonationni.info/

Public Health Agency (2023) *Standard precautions*, *NI Infection Control Manual*.
Available at: https://www.niinfectioncontrolmanual.net/standard-precautions/

Report of the Inquiry into Hyponatraemia-related Deaths (2018) – Recommendation 43
Available at: https://www.ihrdni.org/inquiry-report.htm

Resuscitation Council (2025) *Resuscitation guidelines*, *Resuscitation Council UK*.

Available at: https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines

Wilson, J. *et al.* (2024) *Care after death guidance 5th Edition, Hospice UK*.

Available at: https://hospiceuk-files-prod.s3.eu-west-2.amazonaws.com/s3fs-public/2024-04/Care%20After%20Death%20Fifth%20Edition%20FINAL%203%20April%202024%20x.pdf

14. Acknowledgements

The HSC Trust Bereavement Coordinators would like to acknowledge the support of the Health and Social Care Trusts, the Northern Ireland Bereavement Network, the Department of Health and Palliative Care in Partnership for their review of and consultation on this guideline.

Appendix1
HSC Services Strategy for Bereavement Care (2009) Standards

Standard 1: Raising Awareness

Health and Social Care staff will be suitably trained to have an awareness and understanding of death, dying and bereavement. Staff should also acknowledge the fact that grief is a normal process following loss and that needs vary according to an individual's background, community, beliefs, and abilities.

Standard 2: Promoting Safe and Effective Care

Health and Social Care staff who have contact with people who are dying and/or those affected by bereavement will deliver high quality, safe, sensitive and effective care before, at the time of and after death according to individuals' backgrounds, communities, beliefs and abilities.

Standard 3: Communication Information and Resources

People who are dying and those who are affected by bereavement will have access to up to date, timely, accurate and consistent information in a format and language which will be helpful to their particular circumstances and consistent with their needs, abilities and preferences. Staff will remember that the availability of written or other information does not negate their personal support role.

Standard 4: Creating a Supportive Experience

Those who are dying and their families will be afforded time, privacy, dignity and respect and wherever possible, given the opportunity to die in their preferred environment with access to practical, emotional and spiritual support based on their individual needs and preferences.

Standard 5: Knowledge and Skills

Health and Social Care organisations recognise the value of a skilled workforce by ensuring that those coming into contact with, or caring for people who
are dying and those affected by bereavement are competent to deliver care through continuing professional development; and by having systems in place to support them.

Standard 6: Working Together

Good communication and coordination will take place within and between individuals, organisations and sectors, to ensure that resources are targeted efficiently and effectively and that there is integration of care

to meet the needs of people who are dying and their families, friends and carers.

Appendix 2
Body Transfer Form (1A)
Use to transfer all deceased children and adults

Health and Social Care in Northern Ireland

BODY TRANSFER FORM (1A) ID number

USE TO TRANSFER ALL DECEASED CHILDREN AND ADULTS

Section A - To be completed before body is moved from place of death

Hospital/Facility: Ward/Dept: Consultant:

Name DOB:	Address:
Male ☐ Female ☐ H&C no.	Date of Death: Time of Death:

Is Death Certificate issued? Yes ☐ **IF NOT**, specify reason: _____

Has death been reported to the Coroner? No ☐ Yes ☐

If Yes, has Coroner ordered PM examination? No ☐ Yes ☐ Unsure ☐

Is a hospital PM examination to take place? No ☐ Yes ☐

Is organ/tissue retrieval to take place? No ☐ Yes ☐ N/A ☐ Specify: _____

Additional Information - if yes please specify.			Detail:
Infection Risk (if pathogen 3 follow protocol)	No ☐	Yes ☐	_____
Property left on body	No ☐	Yes ☐	_____
Drains, tubes left in situ	No ☐	Yes ☐	_____
Cardiac pacemaker/implantable defibrillator in situ	No ☐	Yes ☐	_____
Spiritual/religious/cultural requirements	No ☐	Yes ☐	_____

Section A completed by: _____ **(PRINT NAME AND DESIGNATION)**

Section B - To be completed at time of transfer from place of death to:

Hospital mortuary ☐ State Pathology ☐ Family funeral director ☐ Own home ☐ Other ☐

Patient's name checked by person releasing: _____ and

person removing the body: _____ Time: _____

(PRINT NAMES AND DESIGNATIONS)

Any significant information in Section A has been shared Yes ☐ No ☐ N/A ☐

Section C - To be completed ONLY if body is transferred to hospital mortuary

C1 Patient named above admitted into mortuary **Date:** **Time:**

By: _____ **(PRINT NAME AND DESIGNATION)**

C2 Patient released from mortuary **Date:** **Time:**

Patient's name checked by person releasing : _____ and

person removing the body: _____ Company Name: _____

(PRINT NAMES AND DESIGNATIONS)

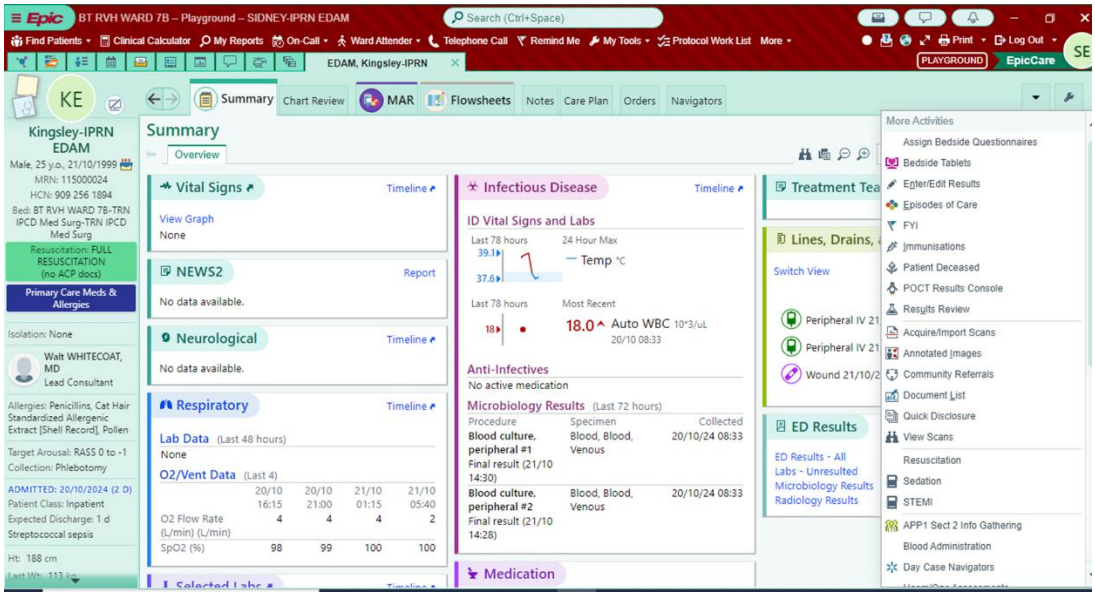
Any significant information in Section A has been shared Yes ☐ No ☐ N/A ☐

Release authorisation: Death Certificate issued ☐ Coroner authorised ☐ Transferring for PM ☐

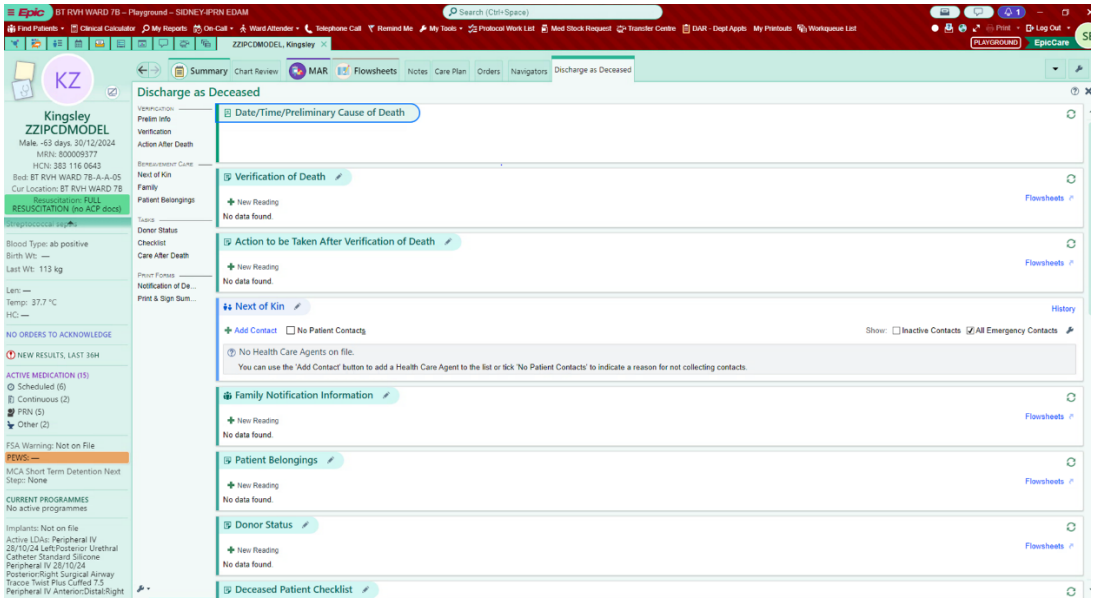
LPC 02/15/033

Appendix 3
Discharge as Deceased Navigator

HOW TO LOCATE ON ENCOMPASS



DISCHARGE AS DECEASED



Appendix 4
Trust Bereavement Coordinators

Belfast Tracey Ashfield Michael McMillan	Bereavement Team, Old Psychiatry Building, Mater Hospital 45-51 Crumlin Road, Belfast BT14 6AB email: tracey.ashfield@belfasttrust.hscni.net email: michael.mcmillan@belfasttrust.hscni.net
Northern Leona Laverty	Bush Cottage, Bush Road Antrim Area Hospital BT41 2RL email: leona.laverty@northerntrust.hscni.net
South Eastern Donna-Louise Laird	Home 3, Ulster Hospital, Upper Newtownards Road Dundonald, Belfast BT16 1RH email: donna-louise.laird@setrust.hscni.net
Southern Laura Creaney	The Rowans, Craigavon Area Hospital 68 Lurgan Road, Portadown BT63 5QQ email: laura.creaney@southerntrust.hscni.net
Western Carole McKeeman	Agnes Jones House, Altnagelvin Hospital Glenshane Road, Derry/Londonderry BT47 6SB email: carole.mckeeman@westerntrust.hscni.net

Appendix 5
NI Bereavement Network - Guideline Review Working Group

Dr Patricia Donnelly	Chair Northern Ireland Bereavement Network Department of Health
Michael Deery	Policy Lead Department of Health
Laura Creaney	Trust Bereavement Coordinator Southern Health and Social Care Trust
Donna-Louise Laird	Trust Bereavement Coordinator South Eastern Health and Social Care Trust
Leona Laverty	Trust Bereavement Coordinator Northern Health and Social Care Trust
Carole McKeeman	Trust Bereavement Coordinator Western Health and Social Care Trust
Tracey Ashfield	Trust Bereavement Coordinator Belfast Health and Social Care Trust
Diane Walker	Palliative Care in Partnership Macmillan Programme Manager

Appendix 6
Glossary of Terms

CNO	Chief Nursing Officer
DOH	Department of Health
NHS	National Health Service
TBC	Trust Bereavement Coordinator
DHSSPS	Department of Health, Social Services and Public Safety
GP	General Practitioner
IPC	Infection Prevention and Control
PME	Post Mortem Examination
ACP	Advanced Care Plan
ODR	Organ Donation Register
SNOD	Specialist Nurse for Organ Donation
MCCD	Medical Certificate of Cause of Death
IME	Independent Medical Examiner
NIECR	Northern Ireland Electronic Care Record
GRO	General Register Office
VOLE	Verification of Life Extinct
NISRA	Northern Ireland Statistics and Research Agency
PSNI	Police Service of Northern Ireland
ET	Endotracheal
NMC	Nursing and Midwifery Council
NIBN	Northern Ireland Bereavement Network

Appendix 7
Maternal Death Protocol

NI Bereavement Network

Maternal Death Protocol

A Framework[1] for Maternity Care in Northern Ireland for the management of early maternal deaths while pregnant or within 42 days of the end of pregnancy and late deaths that occur between 42 days and one year after the end of pregnancy.

This framework should be followed alongside the Care of the Deceased Adult in Hospital and Those Important to Them – A Guideline for Nursing Practice in Northern Ireland.

Title:	Maternal Death Protocol
Author:	Maureen Ritchie
Approvals:	Task and Finish Group and Wider Stakeholder Consultation
Version:	1.0
Date Published:	July 2026
Date Uploaded:	July 2026
Review Date:	July 2029

1. Maternal Death Protocol

1.1 The purpose of this protocol is to give direction to professional groups including midwives, obstetricians, nurses, consultant physicians, general practitioners, health visitors and members of the multi-disciplinary team involved in the management of a maternal death. A maternal death is managed differently to other adults due to the unique circumstances surrounding pregnancy and childbirth.

1.2 This protocol contains information on best practice and provides a framework for a consistent and clear approach to the wider responsibilities required to be undertaken by all professional groups in relation to care, support, notifying and investigating when a maternal death occurs.

1.3 This maternal death protocol must be read in conjunction with the *Care of the Deceased Adult in Hospital and Those Important to Them Guideline for Nursing Practice in Northern Ireland May 2026***.** The *care of the deceased adult and those important to them guidance* provides important, additional and relevant information in relation to specific nursing/midwifery care to be provided after the death of any adult, including the reporting and verification of the death and how to provide information and support to bereaved families. https://bereaved.hscni.net/wp-content/uploads/2026/05/CAD-VERSION-5-MAY-2026.pdf

2. Definitions of a Maternal Death - World Health Organisation (2010) - ICD 10

A **maternal death** is the death of a woman while pregnant or within 42 days of the end of the pregnancy (includes delivery, ectopic pregnancy, miscarriage or termination of pregnancy), due to complications related to the pregnancy or the management of existing conditions worsened by the pregnancy. This includes both direct causes (such as complications from pregnancy) and indirect causes (such as pre-existing conditions that are aggravated by pregnancy).

This is known as an Early Maternal Death.

Direct: Deaths resulting from obstetric complications of the pregnant state (pregnancy, labour and puerperium), from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above.

Indirect: Deaths resulting from previous existing disease, or disease that developed during pregnancy and which was not the result of direct obstetric causes, but which was aggravated by the physiological effects of pregnancy.

Late Maternal Death: Deaths occurring between 42 days and one year after the end of pregnancy that are the result of Direct or Indirect causes.

Coincidental: Deaths from unrelated causes, which happen to occur during pregnancy or the puerperium.

*N.B. If a maternal death is anticipated and predicted refer to **Section 6** of the Care of the Deceased Adult in Hospital and Those Important to Them Guideline for Nursing Practice in Northern Ireland May 2025.*
https://bereaved.hscni.net/wp-content/uploads/2026/05/CAD-VERSION-5-MAY-2026.pdf

3. Reporting

3.1 *Statutory reporting to the Coroner*

All maternal deaths, early and late, are reportable to the coroner in accordance with Regional and Trust guidance. There is a potential that a Coronial postmortem examination will be directed. Statutory reporting to the coroner; refer to regional and Trust guidelines. More information can be found at section 4 of this guideline and within Guidance for Matters Relating to the Coroner https://www.health-ni.gov.uk/sites/default/files/publications/health/Guidelines%20for%20Notifying%20the%20Coroner%20of%20a%20Death.pdf

3.2 *Maternal Investigations – MBBRRACE* **https://www.npeu.ox.ac.uk/mbrrace-uk-UK**

It is a statutory requirement that all health professionals provide information and participate in confidential enquires. A**ll** maternal deaths (early and late) will be reported by health professionals to **MBRRACE-UK** Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK. Ensuring all deaths of women during pregnancy or up to a year after the end of pregnancy (including ectopic pregnancy, miscarriage or termination of pregnancy) are reported to **MBRRACE-UK**, which is a national collaborative programme of work involving the surveillance and investigation of maternal deaths, stillbirths and infant deaths. Further information on the programme access https://www.npeu.ox.ac.uk/mbrrace-uk/maternal-programme/maternal-data-collection

3.3 *Maternal Death Statutory Reporting in Northern Ireland (NI)*

National Confidential Enquiry **into Maternal Deaths CEMD** **https://www.npeu.ox.ac.uk/mbrrace-uk/maternal-programme/maternal-data-collection**

The maternal, newborn and infant programme facilitates investigation of any deaths of women and/or their babies during or after childbirth, and cases where women and their babies survive serious illness during pregnancy or after childbirth.

4. When maternal death occurs After Death – Governance and Legal Issues

Reporting the Maternal Death to Northern Ireland Maternal and Child Health (NIMACH) within the Public Health Agency (PHA)

Cases are reported to NIMACH by a designated Trust maternity contact, appointed by the Head of Midwifery, within 24 – 48 hours of the death by telephone to 028 9536 3481 or email to NIMACH@hscni.net.

Following notification from the Trust, NIMACH send an initial notification form (produced by MBRRACE-UK) to the designated Trust maternity contact which should be fully completed and returned to NIMACH as soon as possible.

NIMACH will upload/send details of the maternal death to MBRRACE-UK via secure file transfer. All cases are pseudo-anonymised and given a case number. Names and addresses are not uploaded to the MBRRACE-UK system.

A printed copy of the maternal record will be requested by NIMACH. NIMACH will also require the completion of additional reports/proformas that will be issued by them.

NIMACH may also require reports/proformas from several different services in addition to maternity services including emergency departments, cancer services, intensive care, mental health and primary care. These records must be provided as soon as is possible to NIMACH, scanning is the preferred method for receiving records, they can be posted if scanning is not possible.

All case notes and reports received by NIMACH are then photocopied and anonymised before being submitted to MBRRACE-UK via secure file transfer.

Cases are reviewed by MBRRACE-UK expert assessors, and the findings are included in the national report.

*N.B. Please read in conjunction with **Section 8** of the Care of the Deceased Adult in Hospital and Those Important to Them Guideline for Nursing Practice in Northern Ireland May 2026.* https://bereaved.hscni.net/wp-content/uploads/2026/05/CAD-VERSION-5-MAY-2026.pdf

4.1 In the event of a coronial postmortem being directed please refer to ***Section 8.6*** of the *Care of the Deceased Adult in Hospital and Those Important to Them Guideline for Nursing Practice in Northern Ireland May 2026* for care of the deceased adult. https://bereaved.hscni.net/wp-content/uploads/2026/05/CAD-VERSION-5-MAY-2026.pdf

4.2 Each service is responsible for ensuring maintenance of dignity and respect of the deceased person in the transfer procedure: refer to ***Section 10*** of the *Care of the Deceased Adult in Hospital and Those Important to Them Guideline for Nursing Practice in Northern Ireland May 2026* Transfer of the deceased person from place of death. https://bereaved.hscni.net/wp-content/uploads/2026/05/CAD-VERSION-5-MAY-2026.pdf

4.3 Further guidance and Checklists to be completed can be found within:

a. **Care of the deceased adult in hospital and those important to them - Appendix 2** - Body transfer form (1A) Use to transfer all deceased children and adults
b. **Care of the deceased adult in hospital and those important to them - Appendix 3** - Checklist following death of a Patient
c. **Care of the deceased adult in hospital and those important to them - Appendix 7** Maternal Death Protocol
d. **Maternal Death Protocol - Annex A** Checklist following a maternal death

5. When a Maternal Death occurs in another department outside of the maternity department

5.1 This protocol is primarily in relation to a maternal death occurring in the acute hospital maternity unit. It is also appropriate to use it when death occurs in other areas of the hospital or in community.

5.2 When a maternal death occurs in another department during pregnancy or within the first 42 days, the maternity service where the woman was booked to (deaths during pregnancy) or has given birth in is responsible for completing all relevant documentation for notifying, reporting to NIMACH and the associated maternal death checklist at Annex A. It is the responsibility of the Consultant in charge or Nurse in charge of the area in which the woman has died to notify a Consultant Obstetrician and Head of Midwifery. If out of hours, the Senior Midwifery and Nurse Manager on Call should be notified.

5.3 When an early maternal death occurs in the Community (<42 days), the Community Midwifery Team Leader should inform the Head of Midwifery and Gynaecology who will liaise with the Clinical Director. If an early maternal death occurs after the woman has been discharged from midwifery care, the Health Visitor should inform the Head of Public Health Nursing who will then inform the Head of Midwifery.

5.4 Reporting to NIMACH office for any maternal death irrespective of where it has occurred, will be completed by the maternity unit where the woman gave birth.

5.5 The nominated senior midwife from the associated maternity service will provide support to the departments within the hospital and community and will give all appropriate advice in relation to the management of maternal death should it be required.

5.6 Maternal Deaths that occur after the first 42 days should be notified to the Head of Midwifery from the woman's birth hospital whenever possible. The maternal death checklist found at **Annex A** can be used in this event and it would be considered good practice to do so.

5.7 It is the responsibility of the Head of Midwifery from the woman's birth hospital to notify NIMACH and undertake the reporting process once they become aware of the death.

6. Religious, Spiritual or Cultural Support

6.1 Any religious, spiritual, cultural or practical wishes are particularly important if immediate release of the body, burial or cremation is a faith requirement. Advice on a range of faiths and cultures around death is available on the Bereaved NI website. https://bereaved.hscni.net/bereavement-support/spiritual-support/

6.2 Spiritual support can also be provided by the family's own faith representative and / or the hospital chaplaincy service. This may not be a 24-hour service.

7. Staff Support

7.1 A maternal death is a rare and highly distressing event and may have significant psychological impact on **all** staff involved in a woman's care. Opportunities for reflection, support and psychological care should therefore be made to all staff groups, including midwifery, medical staff, locums, training doctor grades, nursing and medical students, support and ancillary staff, paramedics and Northern Ireland ambulance staff. Co-ordination of initial support should be led by the lead midwife/nurse and obstetrician/clinician on call, and / or the midwife/nurse in charge of the clinical area in collaboration with the clinical obstetric lead/clinical lead for the area, utilising clinical psychology services where available.

7.2 Staff should be offered, but not required, the opportunity to take part in an initial supportive debrief or reflective discussion at the earliest appropriate time following the event. This discussion, which may be facilitated by clinical psychology, it should focus on emotional wellbeing, normalising reactions to a traumatic event, and identifying immediate support needs, rather than factual reconstruction of events. Staff should also be provided with clear information on how to access ongoing support in the days and weeks following the incident.

7.3 Psychology and wellbeing support for staff may be accessed through a range of services, including:

a. Unit or Ward Manager for Midwives and Nurses
b. Clinical Director / Clinical Lead of Divisional Clinical Directors for medical staff, locums and training doctor grades
c. Occupational Health Services
d. Lena by Inspire Care Call (NHSCT, WHSCT, SEHSCT and SHSCT)
e. Staff care (BHSCT)
f. Local peer support team where available.

In addition, where available, clinical psychology services should be offered to staff who experience significant or ongoing psychological distress following a maternal death.

7.4 Clinical psychology support may include:

a. Individual assessment and interventions
b. Trauma informed interventions, where indicated
c. Facilitated reflective or containment spaces for teams affected by maternal death

d. Consultation and advice to managers and senior clinicians on supporting staff wellbeing.

Access to clinical psychology support should be timely, confidential and clearly separated from investigative, governance or disciplinary processes.

7.5 Support should be staff-directed and responsive to individual needs, recognising that emotional responses vary and may emerge immediately or over time. Line managers should maintain appropriate oversight to ensure staff are aware of available supports and facilitated to access them, while respecting confidentiality, autonomy and professional boundaries.

7.6 As part of the standard review processes undertaken following a maternal death, it is routine practice to request witness statements from all staff involved in the woman's care. These statements support processes such as Serious Adverse Incident reviews, complaints or Coroners investigations. Staff should be supported to complete a statement in a timely manner, whilst being mindful of their emotional wellbeing. The statement writing process should be clearly distinguished from psychological support and conducted within a just, compassionate and learning focused culture.

8. Support for Student Midwives - Reporting to an Academic Institute

8.1 If a student midwife is involved in a maternal death the midwife-in-charge or the students practice supervisor should inform their link lecturer if it occurs in office hours, or the Lead Midwife for Education (LME) in the school of nursing and midwifery, phone number 073 85 112918 should the death occur out of hours. The link lecturer and LME, in conjunction with the Practice Education Team, will ensure the student has ongoing support in relation to the incident. This includes link lecturer support, personal tutor support and student wellbeing services.

8.2 The LME has a statutory responsibility to exceptionally report a maternal death to the Nursing and Midwifery Council. This includes all maternal deaths, even when a midwifery student was not present. In the case of a maternal death, it is the responsibility of the Head of Midwifery to contact the LME and inform them of the nature and context of the maternal death. Confidentiality will be respected in terms of the submission of the exceptional report.

8.3 In addition to any support the Trust can provide to the student midwife who has witnessed or been involved in a maternal death, they can also avail of pastoral support from their assigned personal tutor. Student wellbeing can offer a range of support services including counselling, one-to-one wellbeing advisor consultations and online support. Student midwives can self-refer for support or be referred by their personal tutor. Support is available irrespective of whether the student midwife is in tuition or clinical placement.

8.4 If student nurses, paramedics or medical students are involved in a maternal death their academic institute should also be informed through their established processes.

Annex A – Maternal Death Protocol Checklist

Lead Midwife/Nurse and Obstetrician to action or delegate

Lead Midwife/Nurse Complete Sections A-D

Consultant In charge of care Complete Section E

Below is a list of actions, please note they are not in order of priority, but all should be addressed.

	Please tick box YES	NO	N/A
Section A Communication and Reporting (Lead Midwife to Complete)			
Inform Head of Midwifery/Assistant Director			
Clinical Director for the Service			
Executive Director of Nursing			
Chief Executive			
Chief Midwifery Officer Department of Health			
Refer to Regional / Trust guidance in relation to the Coroner and Securing and Preserving Evidence.			
Last offices			
Contact NIMACH office/ to report maternal death and request reporting documentation NIMACH contact details: nimach@hscni.net			
Inform the woman's named consultant obstetrician			
Inform Community Midwifery Team			
Inform Health Visitor			
Inform Social Services (if appropriate)			
Inform GP			
Where the woman has been booked in another Trust ensure the Named consultant and Head of Midwifery have been informed			
Ensure any clinic appointments are cancelled, and the EPIC System is updated accordingly.			
Ensure the Datix Incident Report is completed, and ID reference is recorded in patient records.			
Follow local Protocol regarding reporting and completing notification for a serious adverse incident (SAI) and Early Alert.			
Inform Practice Education Team and or Link Lecturer/LME if a student midwife is involved.			
Document clear electronic / written records. Update Epic system to reflect the death has occurred.			
Section B Family (Lead Midwife to Complete)			
Allocate a point of contact for the family for their time in hospital.			
Ensure relatives are sensitively made aware of the need to retain all medical equipment insitu before viewing the body.			
Facilitate the use of a quiet room for privacy			
Offer the opportunity to meet the consultant obstetrician, HOM, or other members of staff as appropriate at a time that is suitable to the family.			
Communicate information to the family in a timely fashion			
Assist with any special requests from the family			
Ensure family have contact details for nominated point of contact for ongoing communications			
Inform the family they should not make funeral arrangements until the coroner has released the body.			

Support the family with any funeral arrangements as appropriate.			
With coroner's permission, offer keepsake from the mother's personal possessions.			
Ensure the family are aware the case will be reviewed as a Serious Adverse Incident. Explain the process sensitively and provide information leaflet.			
Ensure follow up arrangements to meet with the consultant obstetrician are in place for relatives following the death and again when interim and / or final postmortem examination results are available.			
Section C Baby (Lead Midwife to complete)			
If the baby is still in hospital and not at home, ensure the baby is nursed in an appropriate area. It should also be appropriate for the family to provide care should they wish to do so.			
Arrange for Maternity Support Worker to be available for the family to assist with care of the baby.			
Maintain a diary of the baby's first days as keepsake, first bath, feeding pattern, visitors and a memory box with any other significant special memories.			
If the baby is cared for in the neonatal unit (NNU), inform the baby's nurse and neonatal consultant on service of the maternal death. Liaise with NNU to ensure family are kept informed of baby's condition.			
If the baby has also died refer to relevant integrated bereavement care pathway and relevant NMCP.			
Section D Completing/ Securing /Releasing and Copying Records and Certification (Lead Midwife to complete)			
Ensure all staff are aware of the need to complete clear contemporaneous notes about care given or resuscitation attempts made			
All documentation will be recorded on Epic. Ensure any loose sheets and / or CTG's are labelled, dated, timed, signed correctly and filed securely.			
If referred to the coroner there will be a delay in issuing the death certificate. Inform the family that after the postmortem is completed the coroner will issue a certificate authorising burial. The coroner will communicate directly with the General Register Office (GRO).			
Section E (Consultant In charge of care to complete)			
Inform the patient's relatives if they are not already aware of the death.			
Inform the clinical and medical director			
Discuss postmortem examination with the family and provide information leaflets.			
Prepare a detailed clinical summary to accompany the body, if there is to be a postmortem examination. A printed copy of this summary must accompany the body to the mortuary.			
Inform the coroner if a perimortem caesarean section was carried out and the neonate was stillborn, ensure normal perinatal mortality pathways are completed.			
Prepare a short case report and submit for onward transmission to chief executive, governance department and the medical director			

Print Name: …… Signature: ……...
Designation: …….. Date: ……...

Maternal Death Protocol Task and Finish Group Membership

Name	Designation
Maureen Ritchie Project Lead	Midwifery Officer Department of Health
Sonia Glendenning	Nursing Officer Public Health Department of Health
Mary Dawson	Lead Midwife Southern Health and Social Care Trust
Zoe Meneilly	Deputy Head of Midwifery South Eastern Health and Social Care Trust
Lesley Ann Kennedy	Bereavement Midwife Northern Health and Social Care Trust
Louise McReynolds	Bereavement Midwife Western Health and Social Care Trust
Roisin Cosgrove	Lead Midwife Belfast Health and Social Care Trust
Alison Little	Midwife Consultant Public Health Agency
Shirley Strong	Senior Education Manager Clinical Education Centre
Nora O'Neill	Senior Education Manager Clinical Education Centre
Dr Ciara Close	Lecturer School of Nursing and Midwifery Queens University Belfast