



## **Pregnancy Loss and Infant Death Alliance**

Support :: Advocacy :: Awareness :: Education

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### **Position Statement:**

#### **Infection Risks are Insignificant**

Infection risks are insignificant for bereaved parents who have close contact with their deceased baby's body.

#### **Background**

Many parents benefit from repeated and extended opportunities to have close contact with their baby's body, including touching, examining, holding, cuddling, and kissing. For parents who want to have close and extended contact with their baby, this nurturing experience affirms their baby's existence and importance, validates their role as parents to this child, offers meaningful opportunities to express their love and devotion, and cultivates treasured keepsakes and memories. This experience can also help parents process the traumatic events surrounding their baby's death and experience a more gradual goodbye, both of which are productive components of healthy grieving.

Parents also benefit from witnessing others gently touching and holding their baby. The tender and reverent presence of others honors their baby, and offers opportunities for supportive sharing of memories over the normally lengthy grieving process.

Finally, parents benefit from having their cultural and spiritual needs respected. In order to honor the parents' preferences around the care of their baby's body after death, health care professionals should ask each family to explain their traditions and beliefs.

#### **Summary**

For bereaved parents, the risk of contracting infection from their deceased baby's body is insignificant, even if there is suspected infection in the baby's body, or if the body is at room temperature for extended periods. For anyone other than the parents, including health care professionals, the risks are still low, and their gentle touching and holding of the baby is affirming, validating, and comforting to the parents.

#### **Facts to Keep in Mind**

All humans carry some organisms on their skins. Most of the time, this poses no threat.

After death, the body does not produce new pathogens.

Living bodies pose a much greater threat of passing along disease or infection than do dead bodies.

The delivered baby who has died before birth, no matter the gestation, time of death, or method of delivery, has the same bacterial flora as would a delivered liveborn. After delivery, the flora will proliferate slightly, but the body will not produce new pathogens, even after it is warmed or kept at room temperature for extended periods.

Whether a baby dies before or after birth, the parents have already been exposed to any infection that the baby may have acquired. If the baby dies before delivery, the mother is the only source of any infection, and the father is either a source or has already been exposed as a result of close contact with the mother.

If infection is present at the time of death, proliferation of those pathogens can occur more rapidly when the body is warmed or kept at room temperature for extended periods, but still poses an insignificant risk to the parents.

The infections that are most likely to be found in the bodies of babies who've died during pregnancy or delivery include *Listeria monocytogenes*, toxoplasma, cytomegalovirus, parvovirus B19, group B hemolytic streptococcus, or sexually transmitted diseases. These infections hold insignificant risk to parents who want to spend time with their baby's body.

The Public Health Laboratory Service Communicable Disease Surveillance Centre in London, England has guidelines for handling dead bodies with infection, and in the vast majority of cases, recommends allowing the bereaved to see, touch, and spend time with the deceased. The *only* situations where contact with the deceased is not recommended are infection with anthrax, plague, rabies, smallpox, typhus, viral hemorrhagic fever, yellow fever, invasive group A streptococcal infection, and transmissible spongiform encephalopathies such as Creutzfeldt-Jakob disease (CJD) and Gerstmann-Straussler-Scheinker syndrome (GSS). All of these infections are rare or nonexistent in the bodies of deceased babies.

Along with the infections listed above, certain other infections present a hazard for professionals who have extended contact with the bodily fluids of the deceased. These hazardous infections include tuberculosis; group A streptococcal infection; *Neisseria meningitidis*; meningococcal septicemia; hepatitis B, C, and non-A non-B; HIV / AIDS; and gastrointestinal organisms. In the presence of these infections, special precautions and protective clothing are advisable for those at-risk professionals such as nurses, pathologists, embalmers, emergency medical technicians. Basic cleaning of the baby's body should reduce any residual risk to the parents (who are the likely source or have already been exposed), and wrapping the baby's clean body in a cloth can protect others who want to hold the baby.

## Guidelines

After a baby dies during pregnancy, birth, or in infancy, the body does not produce new pathogens. If the baby contracted an infection before death, those pathogens may proliferate slightly after death, but in most circumstances that proliferation will pose an insignificant risk to the parents. The parents can kiss and cuddle their baby, and the parents can keep their baby with them for extended periods of many hours.

For anyone other than the parents, the risks of contracting infection from the baby's body are still low. Even when a hazardous infection is suspected or confirmed, protective clothing can be used by at-risk professionals such as nurses, pathologists, emergency medical workers, and embalmers, in order to prevent extended contact with bodily fluids. Careful cleaning of the baby's body will protect the parents from any residual risk, and swaddling with a cloth can protect others who hold the baby. For any person

who has an impaired immune system, standard precautions (gown and gloves) are advisable, either when there is any suspected (or confirmed) infection in the baby's body or if the body is at room temperature for long periods.

If others elect to be gowned and gloved, and parents want to know why, they can be gently informed and reassured that these precautions are to protect "outsiders" from the remote chance of infection, but that they, the parents, belong in the inner circle with their baby, and bear no risk. Whether in gown and gloves or not, others' gentle touching and holding of the baby is paramount, as this tenderness and reverence is affirming, validating, and comforting to the parents.

**For a summary of these and related Guidelines, please refer to  
*PLIDA Practice Guidelines: When Bereaved Parents Want to Hold their Baby***

*This Position Statement was approved September 13, 2005, by the Board of Directors of PLIDA, the Pregnancy Loss and Infant Death Alliance. PLIDA is solely responsible for the content.*

## References

The first two references can be viewed at  
[http://www.hpa.org.uk/cdr/archives/rev\\_sup.htm](http://www.hpa.org.uk/cdr/archives/rev_sup.htm)

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