



Pregnancy Loss and Infant Death Alliance

Supporting those whose work supports bereaved families.

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.

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.

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](#)

For more information, guidance, and support around implementation, please refer to both the [PLIDA Position Statement](#) and [PLIDA Practice Guidelines on Offering the Baby to Bereaved Parents](#).

This position statement was approved June 26, 2008 by the Board of Directors of PLIDA, the *Pregnancy Loss and Infant Death Alliance*. (www.plida.org)
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References

The first two references can be viewed at http://www.hpa.org.uk/cdr/archives/rev_sup.htm

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