



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

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### **Position Statement**

**Infection Risks Are Insignificant When Parents  
Have Contact With Their Baby After Death**



August 2016

## Position

### **Infection Risks Are Insignificant When Parents Have Contact With Their Baby After Death**

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

## Executive Summary

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 can keep their baby with them for extended periods of time.

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 (i.e., 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 of time.

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.

## Background and Significance

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 to process the traumatic events surrounding their baby's death and to



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, healthcare professionals should ask each family member to express their wishes regarding traditions and beliefs.

## Implications for Practice

Parents', family members', and professionals' risk of contracting infection from the 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 of time. Gentle touching and holding of the baby is affirming, validating, and comforting to the parents. When caring for the bereaved and their deceased baby, remember the following:

- All humans carry some organisms on their skin. Most of the time, this poses no threat.
- The delivered baby who has died before birth (no matter the gestational age, time of death, or method of delivery) has the same bacterial flora as would a delivered baby who survived. 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.
- If infection is present at the time of death, proliferation of existing pathogens can occur more rapidly when the body is warmed or kept at room temperature for extended periods, but it still poses an insignificant risk.
- 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 as well or has already been exposed as a result of close contact with the mother.
- The infections that are most likely to be found in the bodies of babies who have died during pregnancy or delivery include, *Listeria monocytogenes*, *Toxoplasma*, cytomegalovirus, parvovirus B19, group B hemolytic streptococcus, and 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, and emergency medical technicians. However, 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 touch and hold the baby.



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