



Institute of  
Medical  
Illustrators

# IMI National Guidelines

## A Guide to Good Practice

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# Bereavement Photography (Neonates, stillbirths and children)

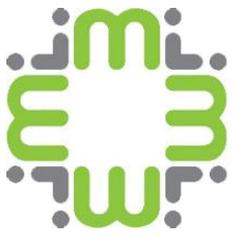
*These guidelines have been developed by the Institute of Medical Illustrators, in consultation with specialist advisors. They should be considered a guide to good practice, providing a baseline for auditable standards. If necessary, adaptations may be made to take into account your local conditions.*

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clinical photography, design and video in **healthcare**

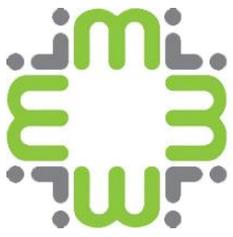
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## 1. Introduction

Photographs are a cornerstone of a family's history and legacy and the taking of bereavement photographs is recognised as significant for families as they form one of the few lasting memories of their child. The increase in the number of charities, who provide a bereavement photography service for parents is testament to the power of photography in assisting in the grieving process. As clinical photographers, we may be asked to photograph babies or children to facilitate this process; however bereavement photography is unlike any other type of photography we carry out. The photographs may be viewed years after they are taken; it is therefore imperative that the images are produced to the highest photographic and archival quality.

For most clinical photographers, bereavement photography has become part of their regular duties; however it is often cited as one of the most difficult tasks to undertake. It can be the most challenging area to train new staff members in, owing to the sensitivity of the situation. It requires empathy, social awareness and professional detachment to carry out well. The value to a grieving family is substantial and quite possibly, greatly underestimated.

Not every clinical photographer will feel comfortable photographing deceased babies; this could be for a number of personal reasons. One consideration could be that a photographer who is pregnant may not wish to photograph a still born baby, and it may be insensitive to the parents for an 'obviously' pregnant photographer to undertake this task. Photographers who take on this role should have counseling available to them and this is usually available through their Occupational Health Department.

The purpose of these guidelines is to empower clinical photographers to make informed decisions as to what kind of bereavement photography service they can provide and to offer suggestions for best practice that have been tried and tested in departments across the UK.

An on-line survey of IMI members has been conducted by the authors to establish details of bereavement services that are in place across the UK. The results have been used to influence the advice contained in the guidelines.

Although these guidelines refer to the bereavement photography of babies, the same 'best practice' can be applied to the photography of children.

## 2. Background Information of condition & technique

It is helpful if bereavement photographs can be taken as soon as possible, as discolouration occurs quickly after death. Most health boards or trusts policies would advocate gaining parental written consent for bereavement photographs even if the parents have chosen not to see their baby, or receive the photographs at a later date. Some charities believe that written consent should not be sought from parents, only verbal consent, as the paperwork should be kept to a minimum. However, local policy should be followed.

Contact with the midwife should be made before going to photograph the baby. The following questions can be used to ensure that you, as the photographer, are prepared:



- What gestation is the baby? This helps determine what lens will be needed and what may be achievable.
- Was it an IUD (Intrauterine death), stillbirth, or medical termination? This may give you an idea of the condition of the baby and how long ago the baby passed away.
- What is the baby's name? And that of the parents? Check the baby's identity beforehand with the midwife or mortuary technician.
- Where is the baby to be photographed? Ward, mortuary, special care baby unit? If care is being withdrawn in the special care baby unit, can photos be taken once the baby is taken out of the incubator where he / she will be free of tubes and able to be held by a parent?
- Will the midwife or mortuary technician be able to assist you? Take their name. It is strongly advised to have the midwife present to introduce you to the parents (if applicable) and to assist you in positioning the baby.
- Have the parents seen their baby? Will the parents be there? Or any other family members? Would they like a photograph with their baby?
- Are there any cultural or religious needs we should be aware of?
- When are the photos needed? Are they going home today? Advise when you think the photographs may be available.

This list is not exhaustive and you may have questions relating to your departmental protocol that you need to ask.

## 3. Protocol

### 3.1 Equipment & Training

A high quality digital SLR that can be set on a high ISO is helpful, if flash is not being utilized. A short zoom lens is useful as the space allocated in the room can be limited and allows the photographer greater flexibility over composition without having to change lenses. A good quality macro lens for photographing early gestation babies is vital for capturing close ups of fingers and toes. If flash is to be used, make sure that it can be taken off camera or bounced for softer lighting.

A good quality compact camera that has a macro facility and some control over the flash can be utilised for 'out of hours' imaging by the midwives or parents. A training session with the midwives and the creation of a pictorial user guide can ensure the camera is easy to use.

### 3.2 Style & Views

Bereavement photographs are very subject dependent and a variety of styles may be used to create a tangible memory of the baby or child.

If time and resources allow, a reportage or documentary style of photography can be used in capturing family moments with the parents undertaking the washing and dressing of the baby, or whilst hand and footprints are being taken. Conversely, there may be time constraints or the parents may prefer the baby to be photographed in a more arranged portrait style, with the baby alone or as a family group. If after



discussion with the midwife, you have decided to take documentary style photographs you may not wish to use flash. Use a high ISO and wide aperture and as much available light as you can. If the room is dark, politely ask if the parents would mind if you let some light in to help with the photographs. Gently guide the session so that you achieve a set of views that you are happy with.

Parents may request a special blanket or item of jewellery to be included or photographed separately. There could be toys that the parents would like to have included in the photograph and although these may only emphasise the small size of their baby, their wishes must be respected. Grandparents and siblings may also wish to be included in the photograph; therefore the clinical photographer must be prepared to incorporate additional family members. It is important to remember there may be different customs or traditions regarding death that are specific to a variety of cultures or religions. Discussing who will be photographed and what approach should be adopted is best undertaken with the midwife as they may already know the family's wishes or will be able to discuss this with them before you arrive.

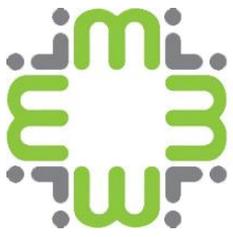
A starting point would be to photograph the baby's face, hands and feet as this will complement any hand and foot prints that are usually taken by the midwives. A list of views that could be taken is detailed below but this is not exhaustive and the parents may have suggestions that could be accommodated if time allows:

- Baby's face.
- Close up of baby's hands.
- Close up of baby's feet.
- Close up of baby's ear.
- Close up of a keepsake or toy belonging to baby.
- Baby's hand with mum and dad's hands underneath.
- Parent's hand holding a foot or fingers.
- Baby with mum.
- Baby with dad.
- Baby with parents.
- Baby with siblings if a multiple birth.
- Baby with older siblings if appropriate.
- Baby with grandparents if present.
- Baby having hand or footprints being taken or washed or dressed.

Whilst a creative approach is required, many parents have seen their baby and want the photographs to be a true representation of them, so any post production manipulation should be kept to a minimum.

### 3.3 Location

It is not advisable to undertake bereavement photography in the studio unless the baby is not deceased yet, such as in the case of a terminally ill baby. The majority of bereavement photography takes place in the maternity ward, labour suite or mortuary where a midwife or mortuary technician can be of assistance in handling the baby. If the clinical photographer does touch the baby the wearing of gloves is essential, as is following local infection control policy.



### 3.4 Communication

Speak to the midwife before entering the room where the baby is. If parents are going to be present, establish what the parent's names are and if the baby has a name, use this when addressing the family. Be discrete and speak in soft tones, be mindful of parents needing a few moments of emotion and pause in the background while this occurs. Allow the family to behave as if you aren't there, this will help to capture personal moments. Before leaving, thank the parents for letting them photograph their baby if you feel this is appropriate.

### 3.5 Gestation

Some Medical Illustration departments have a minimum gestation for photographing babies as agreed with their maternity unit, on average this is 18 weeks. If the baby is of early gestation, the hands, feet, and ears are often still much defined and can be imaged as well as, or instead of the baby's face. It is important to remember that what one person sees 'as a fetus', is still a baby to the parents, no matter how early in gestation. Parents begin their relationship with their baby long before the birth and pregnancy loss at early gestation is often just as traumatic as late pregnancy loss. If parents have requested photographs, it is important to try and deliver the same service as with later gestation babies but it is recognized that this can be far more challenging. It is recommended that the midwife has a discussion with the parents regarding the viability of photographing early gestation babies before the photographer is contacted. Early gestational babies have fragile skin which makes moving them difficult. However, this is subject dependent, for example an intrauterine death can mean any gestation of baby has fragile skin or be discoloured. Presenting images as monochrome can be more forgiving in these circumstances and indeed some departments present all their bereavement photographs in black and white.

### 3.6 Format & Storage

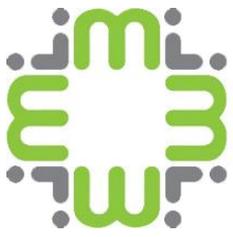
The presentation of the photographs will depend on individual departments and funding, this could include 8x6 prints in a simple folder, on a USB memory stick, CD or SD memory card. Most trusts or health boards fund the cost of bereavement photography through their Medical Illustration department or midwifery team with some help from bereavement charities. Charities may supply folders, memory boxes, SD cards and even cameras for 'out of hours' use. Liaising with the maternity unit to decide what format is best suited to be given to parents is recommended prior to establishing your bereavement photography service.

Even if the images are given to parents on SD cards or CDs, storage of these bereavement photographs and consent forms should be on a secure system similar to clinical photographs but in a quarantined section, as they are solely for the parents and not part of the patient clinical record.

### 3.7 Midwife led photography

Photographer's roles and duties differ across Trusts and Health boards nationwide but in order to run a successful bereavement photography service, it is vital that close working relationships are formed with the midwives and bereavement support officers and lines of communication are always open. There are times when a clinical photographer may not be available and the majority of Medical Illustration departments do not provide 'out of hours' cover. It is advisable that any photographs taken by midwives or indeed parents are processed and stored in the same manner as those taken by clinical photographers. The photographer can still take additional views at the earliest opportunity and this can be offered to the parents.

Training in the use of the camera should be provided by the photographers, where possible. The cameras or devices used by the midwifery team should be registered with their Medical Illustration Department and both the camera or device and SD card, noted on an inventory and stored in accordance with local photographic policy.



Rachel Hayden, founder of 'Gifts of Remembrance', an organisation that provides support to those who are in a position to provide a bereavement photography service, advocates a more documentary style approach and offers 'hands on' training sessions across the UK.

### 3.8 Literature

#### *Parental leaflets*

Grief-stricken parents can be overwhelmed with information and some may find the idea of photography abhorrent. It is helpful to create a leaflet for parents detailing the service you can provide. Having written literature available allows them to assimilate the reasons for taking photographs. It should detail why you provide a service and be clear about what you can offer to the family and in what format. It is important to liaise with the midwives over the content and wording of the leaflet.

#### *Standard Operating Procedure*

It is helpful to have a Standard Operating Procedure for your department and it should detail:

- What service you provide.
- How this is undertaken, when you can provide a service and what to do outside normal working hours.
- Timescales, so all staff involved know what level of service you provide.
- Key names such as Bereavement Officer and Maternity Charge Nurse from your Trust or Health board and their contact numbers.

A standard operating procedure for the maternity unit could also be written in conjunction with the lead midwife or charge nurse and key details for the maternity unit would be:

- A note to contact your department as soon as possible, what details your department may need and what, as a department, you can provide.
- A reminder for out-of-hours procedures, to check the camera kit after each use so that it is kept charged and is ready to use.
- Any loan or out-of-hours cameras provided, should have a log for signing in and out by staff, especially if it is being used by the parents themselves.
- Consent forms to be used, detailing the name and patient identifying number to ensure correct storage of baby photos.
- A note to ensure any images taken are then given to the Medical Illustration department for safe storage as soon as possible during working hours.



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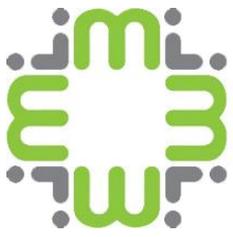
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