



POST MORTEM EXAMINATION

AN EXPLANATION FOR FAMILIES

This information is for families whose baby has died at the Royal Women's Hospital. While some of the information will be relevant to families elsewhere, not all hospitals follow the same procedures.

Why we offer post mortem

The purpose of a post mortem examination is to find out as much as possible about why your baby died or about the diagnosis you were given. The examination involves an assessment of your baby by a medical specialist known as a perinatal pathologist. Perinatal pathologists have experience and training specifically in post mortems of babies. Your baby will always be treated with the utmost care and respect.

A post mortem examination of any type cannot be done at the Women's without your consent. Your decision must be recorded on the hospital consent form even if you do not want any type of post mortem.

In certain circumstances, a death must be referred to the coroner. In this situation it is the coroner's responsibility to arrange the post mortem investigation. This is uncommon and would always be discussed with you prior to occurring.

A post mortem is carried out as soon as possible after the death of your baby. This is usually within one to two working days.

The different types of a post mortem

The amount of information that can come from a post mortem depends upon the type of post mortem chosen.

Full post mortem

A perinatal pathologist conducts a full external and full internal examination of your baby. The internal examination is a surgical procedure where the pathologist carefully removes all of the baby's internal organs and brain. The organs are examined

very thoroughly before being returned to the body (unless you have requested otherwise). Small tissue samples are taken for analysis and stored. This process provides the most complete assessment and the most detailed information, though it is still possible that it may not provide a specific cause of death.

Limited post mortem

A perinatal pathologist conducts a full external examination and limited internal examination in specific areas of interest. You will decide, in consultation with your doctor, which organs are to be examined. Small tissue samples are taken for microscopic analysis and stored.

External post mortem

A perinatal pathologist conducts a full external examination only. There is no internal examination or tissue sampling.

All types of examination may include x-rays, MRI (Magnetic Resonance Imaging - which gives a detailed internal image) and photographs.

No post mortem

You can choose not to have any type of formal examination of your baby by a perinatal pathologist.

The level of information obtained by a post mortem depends on how complete the examination is, with most information coming from the full post mortem.

Advantages of post mortem

A post mortem will:

- provide information on the cause of death or what to exclude as cause of death
- confirm gestational age of your baby
- confirm the sex of your baby
- provide approximate time of death
- explain the impact of genetic or physical problems
- provide information about possible risks to future pregnancies
- provide information to help mothers and babies in the future through research.

Disadvantages of post mortem

- Post mortem may not always provide a specific cause of death.
- A post mortem may delay funeral arrangements due to the time taken to complete all tests, particularly if organs and tissue are being tested. You will be able to decide whether to proceed with these tests or you may choose to delay the funeral, or bury/cremate the tissue/ organs at a later date.
- After an internal examination, your baby will have a scar/s. These scars will not be noticeable when the baby is dressed.
- Some families notice a difference in the way their baby feels after a full post mortem.

Storage of tissue

There is a legal requirement for hospitals to store any tissue collected from a post mortem for at least 23 years. This is so any questions that are raised in the future about your baby's original diagnosis can be investigated if necessary. Stored tissue is also made available to researchers who are investigating perinatal death.

- Researchers cannot use tissue without approval from the hospital's ethics committee.
- Research may help with the diagnosis and treatment of future mothers and babies.

Your decision

A doctor will talk with you about post mortem examination and offer you the opportunity to ask questions or to express any concerns. It is important that all of your questions are answered before you decide to give or withhold your consent.

There is no right or wrong choice and your final decision may depend on the age of your baby or the circumstances of the death. It will also depend on your own values and beliefs.

After the post mortem examination

The post mortem examination is usually completed within one to two working days following death. It is still possible to see and hold your baby after the procedure is completed, either at the hospital or while with the funeral director.

The perinatal pathologist will write a report which details the findings of the examination. This is usually completed within 8 to 12 weeks. If your baby was born at the Women's or cared for in the Newborn Intensive Care Unit you will be offered a follow-up appointment to discuss the findings with a senior doctor (obstetrician or paediatrician). Alternatively, you can request that the report be sent to your own obstetrician or general practitioner.

Overview

- A post mortem can provide more information about why your baby died.
- A post mortem will not be done without your consent.
- Your decision regarding post mortem must be recorded on the hospital consent form.
- You can decide how detailed you want the post mortem to be.
- Post mortem results take 8 to 12 weeks.
- Any tissue collected is stored for at least 23 years.

For more information

If you would like to discuss anything further in relation to this information sheet contact the Women's Reproductive Loss Coordinator via the main switchboard 8345 2000.