

VICTORIAN PERINATAL AUTOPSY SERVICE (VPAS)

What is the VPAS?

The Victorian Perinatal Autopsy Service (VPAS) provides a co-ordinated statewide service ensuring consistent standards of practice for the investigation of perinatal death across Victoria, including stillbirth and neonatal death. The service was established for post-mortem examination in cases of perinatal deaths (those that occur from 20 completed weeks gestation to 28 days of life).

The three Victorian tertiary maternity hospitals providing these services are The Royal Women's Hospital (the Women's), Monash Health and Mercy Hospital for Women, and their associated pathology departments at the Royal Children's Hospital and Austin Health.

Information regarding VPAS, including referral pathways and forms can be found at:

<https://www.thewomens.org.au/health-professionals/vpas/> or email: VPAS@thewomens.org.au

PERINATAL POST-MORTEM EXAMINATION

The purpose of perinatal post-mortem examination is to:

- Accurately identify cause of death
- Identify conditions with implications for managing future pregnancies
- Assist in the grieving process by enhancing parents' understanding of their baby's death
- Enhance maternity quality and safety standards to reduce perinatal death in the future.

The quality of information provided to the pathologist performing the perinatal post-mortem examination has a significant impact on the quality of information in, and helpfulness of, the final report. It is important that all referral forms are completed accurately and in full.

It is also important that the VPAS pathology service performing the post-mortem examination is provided with complete contact information for all healthcare providers requiring a copy of the final post-mortem report, to facilitate follow-up with the family.

Reference: Man, J., Hutchinson, J., Heazell, A., Ashworth, M., Jeffrey, I. and Sebire, N. (2016). Stillbirth and intrauterine fetal death: role of routine histopathological placental findings to determine cause of death. *Ultrasound in Obstetrics & Gynecology*, 48(5), pp.579-584.

See the [Perinatal Autopsy Service](#) on the [health.vic](#) website

THE IMPORTANCE OF PLACENTAL PATHOLOGY

Pathology examination of placenta is important in all cases of stillbirth, and in early neonatal death, along with other clinical indications in liveborn babies (see below) and remains important even when the parents decline perinatal autopsy. The cause of death may be due to placental causes in up to one-third of cases of stillbirth and intrauterine fetal death (IUFD) (Man et al, 2016).

The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) recommends sending the placenta for pathology examination in all cases of fetal death, and, where possible, for all early neonatal deaths, with cultures being taken when infection is suspected.

CCOPMM also recommends pathology examination of the placenta in circumstances of:

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- neonatal hypoxic ischaemic encephalopathy
- small for gestational age
- pre-term delivery under 34 weeks
- antepartum haemorrhage
- suspected chorioamnionitis
- diabetes
- preeclampsia
- macroscopic placental abnormalities.

Although most pathology referrals are made from birth suite, theatre staff should also be aware of indications for placenta referral.