

e matenga onorere, ne wairua uiui, wairua mutungakore

Pānui/information for whānau/families about post-mortem examination

Trying to find out why your pēpi/baby died: Options for post-mortem



We are so sorry your precious baby has died

We understand that finding out a cause for baby's death is important to whānau/families. Post-mortem examination can help to find a cause. This pamphlet gives you information to help you decide whether or not to have a post-mortem examination for your baby.

These examinations can:

- give you the best chance to find out why your baby died
- give you new information about cause of death and test for inherited causes
- reassure you about what didn't cause death, even if no cause is found
- tell you the chances of this happening in future pregnancies
- help us understand why some babies die and try to prevent this happening to other whanau/families.

What is a post-mortem?

There are three different kinds of post-mortem:

- full post-mortem
- limited post-mortem
- external post-mortem.

These examinations are free for babies whose parents are eligible for publicly funded maternity care in New Zealand. Your midwife/doctor can provide more information about possible costs involved for those not eligible.

Full post-mortem (also known as autopsy)

This is an examination (a careful check) that includes a surgical operation of your baby's body and internal organs by a specialist doctor (perinatal pathologist). This includes examination of the whenua/placenta (afterbirth), if possible, and may include medical photographs and X-rays. During the postmortem, with your consent, small samples of your baby's tissue (which will be returned to you if you wish) will be examined under the microscope. These tissues may also be sent for other tests, including for bacteria or cytogenetics (chromosomes) for inherited causes of death. We think a full post-mortem examination is the best investigation to help find out why your baby died.

Limited post-mortem

You decide which parts of your baby's body and internal organs will or won't have a surgical operation (eg, not baby's head), however, this may reduce the chance of finding out why your baby died. A limited post-mortem includes examination of the whenua/placenta, if possible, and may include medical photographs and X-rays.

External post-mortem

An external examination is just of the **outside** of your baby's body by the specialist doctor (it does **not** include a surgical operation). This includes examination of the whenua/placenta, if possible, and may include medical photographs and X-rays.

Whenua/placenta examination only

If you decide not to have any type of post-mortem for your baby, examining your whenua/placenta can be very helpful in finding a cause for your baby's death. The whenua/placenta will be placed into preserving fluid and can be returned to you. This may take several weeks.

We know this is a really hard decision

If your baby is stillborn the decision about post-mortem is usually yours. If your baby dies after birth, a post-mortem may be requested by the coroner.

We understand that you want to protect your baby's body and do the best for them by finding answers about what may have caused your baby's death. We believe a post-mortem examination can help with finding these answers, and we are here to support you to make your decision.

How quickly does a post-mortem need to be done?

We understand that time with your baby is precious. A post-mortem examination (full, limited or external) does not have to take place straight away; you can take a day or two to think about it, but the earlier the better is best for the examination.

Our specialist doctors (perinatal pathologists) work normal hours, Monday to Friday, so if you wish to have the tangihanga/funeral within 1–2 days please let us know as soon as possible, as a post-mortem can usually be completed in time. Some parents take their baby home or to a special place outside the hospital to get advice on tikanga/traditions to help with the decision about whether to have a post-mortem or not. The choice is yours.

If you decide to have a post-mortem you can see your baby at any time before or after. Once organised, a post-mortem usually takes place within 1–2 working days and your baby and whenua/placenta will be returned to you as soon as it is completed.

What would happen to our baby during a post-mortem?

A post-mortem for your baby is carried out by the specialist doctor (perinatal pathologist) in a specially equipped room provided in central Auckland, Wellington, Christchurch and Dunedin hospitals.

You and your whānau/family are welcome to wait nearby until the post-mortem is completed (usually around three hours). Some hospitals have a whānau/family waiting room, which may be shared.

If your baby needs to travel for a post-mortem, your doctor/midwife will organise the travel by air or road which is covered under public maternity care funding for those eligible. Your baby's body will be carefully prepared and protected for travel by the hospital's funeral director. If the travel is by air, your baby will be respectfully placed in the plane's hold for the flight. Please check with your doctor/midwife Your baby's face, hands and feet are not involved in the operation and the postmortem marks are underneath your baby's clothes, so your baby will look and feel much the same as before the post-mortem.

if your whānau/family wish to accompany your baby to the post-mortem, as some hospitals can provide assistance with whānau/family travel costs.

After the post-mortem, the specialist staff will carefully cover the surgical operation marks on the back of your baby's head and the front of your baby's chest, in the same way as if your baby had an operation. Your baby will then be gently washed and dressed (in your choice of clothes) and returned to you.

A New Zealand study reported on interviews with 169 mothers who gave birth to a stillborn baby after 28 weeks of pregnancy. Ten percent (7 of 70) mothers who declined a post-mortem said they would not make this decision again. No mother (0 of 99) who agreed to a post-mortem regretted her decision.¹

^{1.} Cronin R, Li M, Wise M, et al. 2018. Late stillbirth post mortem examination in New Zealand: maternal decision-making. *Aust NZ J Obstet Gyn* 58(6): 667–73.

When will we get the post-mortem report?

Your baby's post-mortem written report can take 6–8 weeks to finalise (sometimes longer if you are waiting on tissue tests). The confidential report is usually sent to the hospital where you gave birth, the hospital specialist who cared for you, your family doctor and your midwife.

The hospital will make an appointment with you to go through the findings and answer your questions. A copy of your baby's post-mortem report will also be sent to the national coordinator of the Perinatal and Maternal Mortality Review Committee, with the aim of helping to prevent baby loss happening to other whānau/families. Information that identifies you and your baby will never be made public.



More information

Your midwife/doctor: Please let your midwife/doctor know if you would like to talk to the specialist doctor (perinatal pathologist) to discuss any questions you may have about a postmortem for your baby.

Perinatal and Maternal Mortality Review Committee: This committee reviews deaths of New Zealand babies (from 20 weeks pregnancy to 28 days after birth) and mothers who die as a result of pregnancy or childbirth, and advises on how to prevent baby and mother loss. www.hqsc.govt.nz/our-programmes/mrc/pmmrc/information-for-parents-and-families

Sands NZ: This parent group offers support and information to other parents/whānau/families who have experienced the death of a baby. www.sands.org.nz

Online video 'Post-mortem for babies in Aotearoa New Zealand': Two mothers who have lost a precious baby talk about what you might expect from a post-mortem for your baby. www.youtube.com/watch?v=O2jijqJsOKO

Whetūrangitia: A website to help bereaved parents or those acting on behalf of parents find up-to-date information from government agencies and private services on miscarriage, stillbirth, fetal abnormality, neonatal death, and infant or child death. https://wheturangitia.services.govt.nz



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