

What is a post mortem examination

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Purpose of the autopsy

- To establish a cause of death and associated pathologies
- To confirm antenatally diagnosed abnormalities
- To direct other investigations – genetics, thrombophilia screen, infection screen
- Identify risk factors to enable LMC to plan for subsequent pregnancies

Two main types of autopsy

- Hospital autopsy
 - Death certificate can be signed
 - LMC, paediatrician, parent may make the request
 - May proceed **ONLY** with parent signature
 - Report sent to the requester and put on hospital record
- Coroner's autopsy
 - Death certificate cannot be signed
 - Parental consent not needed
 - Police involved
 - Pathologist instructed by Coroner
 - Death certificate issued by Coroner
 - Report distributed by Coroner

NB: Coroner does **NOT** investigate stillborn infants

The request for autopsy

- Part of continuing care
- The requester should understand why they are asking
- Should be able to clearly explain the reasons for asking
- Should be able to clearly explain the procedure involved

If you think a PM is not 'needed'

- Can you justify your decision to your colleagues?
- What further information will you be able to give the parents at the debriefing in 8 weeks time?
- How will you advise the parents if a second infant in the family dies?
- Studies have shown it is extremely rare for families to regret having a post mortem; much more common that people regret not having a post mortem performed on their loved one

What is required for a post mortem?

Paperwork

- Consent for autopsy if agreed
- Medical Certificate of Causes of Fetal and Neonatal Death
- Cremation form if needed
- Transfer of body form if taking home
- Return to Patient form if placenta to be returned
- Photocopy of the notes / full clinical summary and scan results

Alternatives to full postmortem

- External only post mortem
- Photography and x-rays
- Limited post mortem
- Examination confined to area of interest
- Placenta only
- MRI

- Problems: limited information gained

Options after the post mortem

- Child returned to family
- Child uplifted by funeral director
- Family may or may not wish to see infant after procedure
- Should siblings see the infant?

Expectations from the autopsy

- Autopsy remains the gold standard for post mortem investigation
- Autopsy may not explain the cause of fetal death
- A completely 'negative' autopsy is unusual

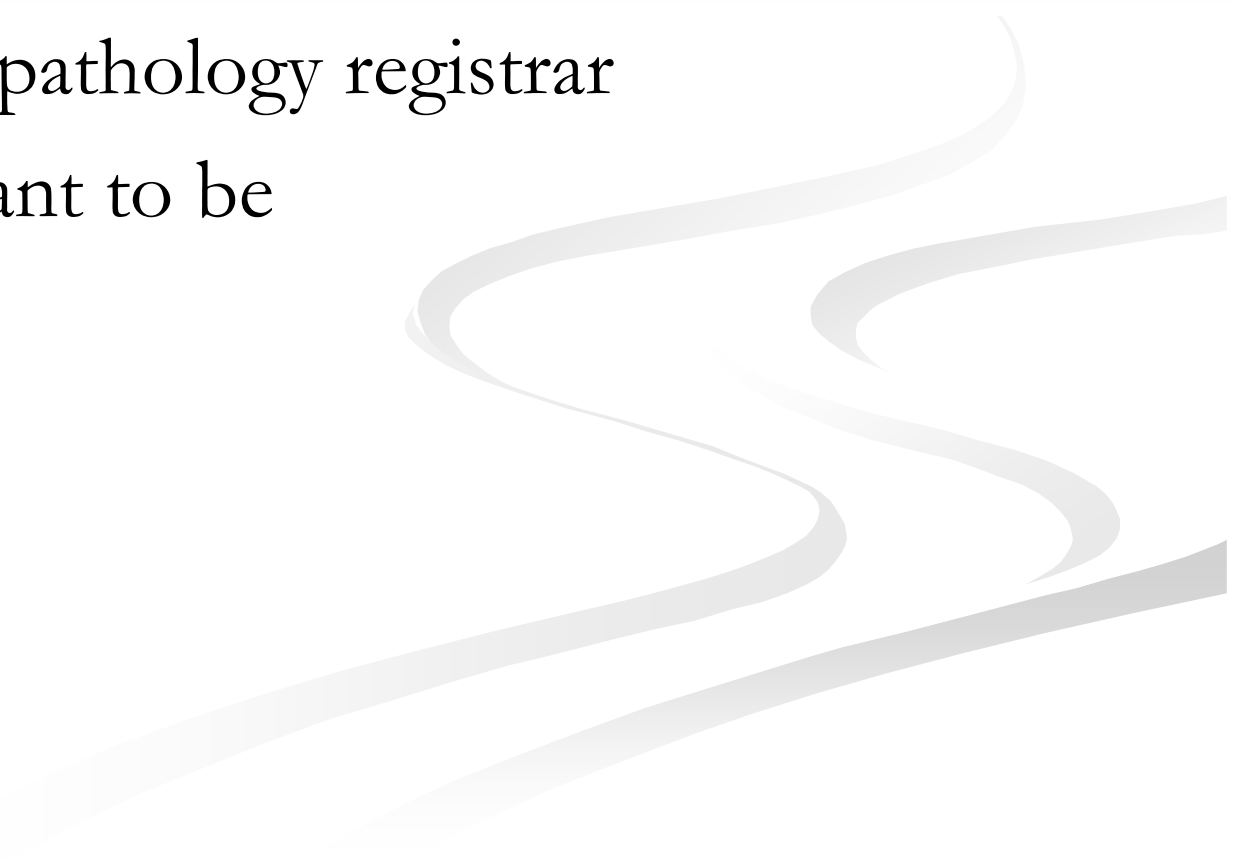
Post mortem examination

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The post mortem examination

- External photographs and external examination
- Internal examination
 - Like a surgical procedure
 - Y incision
 - Head – midline posterior incision from crown to base of neck
 - Organ examination
 - Photographs if required
 - Sampling for microscopy, microbiology, genetics as required
- No organs retained without parental permission
- Suture and dressing
- **The placenta is an integral part of the post mortem**

Who is at the post mortem

- Pathologist
 - Mortuary technician
 - Occasionally a pathology registrar
 - LMC if they want to be
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- A decorative graphic consisting of several overlapping, wavy, light gray lines that curve and flow from the bottom left towards the right side of the slide.

Tissue retention

- Samples taken for microscopy – processed into wax blocks, thin sections are cut and put on a glass slide. Stained with a dye for microscopic evaluation by the pathologist.
- Wax blocks are kept indefinitely and slides may be sent away for further opinion or reviewed if the family has another IUFD or infant death
- Blocks and slides may be returned if family wish (sign waiver)

Ancillary investigations

- Radiology
- Microbiology
 - Swabs of lung, stomach, placenta
- Genetics
 - Psoas muscle, rib cartilage
 - Liver / spleen frozen for storage in some cases
- Guthrie card if appropriate

Reconstruction

The word "Reconstruction" is centered in a bold, black, serif font. Below and to the right of the text, there are several thick, light gray, wavy lines that flow from the bottom left towards the right edge of the page, creating a sense of movement and depth.

The report

- Medical document
- Not in lay language
- Parents should be offered a copy after discussion with LMC
- Usual time of issuing 8-10 weeks after the pm
- Ensure that the report is available at the time of the postnatal debriefing

Summary

- A post mortem examination is part of the ongoing care of the infant and mother
- Provides important information in regards to planning of subsequent pregnancies, can direct further investigations, acts as an internal clinical audit
- A cause of death is not always found, however a completely negative autopsy is rare
- The placenta is an integral part of the post mortem examination