Perinatal Pathology
Guidelines for health-care professionals applicable to all perinatal deaths sent to King Edward Memorial Hospital
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**Introduction**

The purpose of this booklet is to provide health-care professionals with up-to-date information regarding the services KEMH can provide, and the procedures and protocols in place in the Perinatal Pathology Department to deal with a perinatal death.

**The Perinatal Pathology Department** of the Women and Newborn Health Service is located at King Edward Memorial Hospital (KEMH). We offer a statewide non-coronial perinatal post mortem examination service. We also generate mementos, in the form of photographs and hand and foot prints. For stillborn babies of less than 28 weeks gestation, a cremation service is available.

The department is located off Hensman Road in Subiaco, on the lower ground floor of the Pathology building. Please refer to the map at the back of the book.

Office hours are Monday to Friday 8.00am to 4.00pm. We can be contacted by telephoning *(08) 9340 2730* or via mobile phone on *0414 930 260*.

During office hours there is someone available to discuss all aspects of our service and the processes involved and to answer any questions you may have. If your questions cannot be answered within the department we will recommend other sources of information. A pathologist is also available to discuss any clinical aspects or post mortem report findings.
Services

Post Mortem Examination Service

We offer a statewide non-coronial perinatal post mortem examination service to all hospitals in Western Australia. There are many options available to parents regarding the extent of a post mortem examination. Please refer to page 20 Post mortem examination options of this handbook for details of the options available.

Cremations

It is permissible by law for our department to cremate babies that are stillborn and of less than 28 weeks gestation. Please refer to pages 24-26 Funeral Options of this handbook for more details of hospital cremations and private funerals.

Collection of mementos for parents

At KEMH, positive mementos are created and are available to parents. These, where possible, include hand and foot prints and photographs. All mementos are stored indefinitely and are available should parents request them at the time of their baby’s birth, or days and years following the death of their baby. Parents collecting mementos must produce photo ID. If another person has been nominated to collect the mementos they must have written consent from the parents as well as photo ID.

Quiet room

The Perinatal Pathology facilities include a quiet room, that can be used by parents and their families to spend time with their baby once they have been discharged from hospital.

Bookings to arrange convenient viewing times are required and can be made by phoning the department on (08) 9340 2730. Parents are required to produce photo ID when arriving at Perinatal Pathology.

Parents are welcome to spend as long as they like in the quiet room with their baby, subject to other bookings that may have been made on the same day.
Documentation requirements

Each case received by Perinatal Pathology must be accompanied by all of the appropriate and relevant documentation before any form of examination or cremation can take place. Documentation requirements vary from case-to-case according to the baby’s gestational age and individual needs including examination requirements and funeral arrangements.

The Perinatal Pathology Department requires informed parental consent for all post mortem examinations and KEMH cremations, regardless of gestational age. This informed consent requirement also applies to early losses where recognisable fetal tissue is submitted. Before any examination or cremation of recognisable fetal tissue is conducted, the pathologist must confirm parental permission for the examination (and cremation if requested), has been sought and obtained.

Although not yet legally necessary, our stance requiring informed consent regardless of gestational age acknowledges changes in attitudes towards fetal loss. It places greater emphasis on the grieving processes of parents, which includes an appropriate level of involvement in those hospital procedures that follow on from a fetal loss.

The Perinatal Pathology Department believes that the current legal distinction between losses before and after 20 weeks gestation is arbitrary and inappropriate. We feel that it impinges on the interaction between the needs of parents and hospital procedures. The information potentially obtainable from the examination of these fetuses is of similar value to that gained by full study of post 20-week losses.

It is important that the correct documentation is sent at the time of transfer of a baby to KEMH. Incomplete documentation will not be accepted and time spent obtaining correctly completed documents will cause delays in examinations and funeral arrangements.
### Babies of less than 20 weeks gestation

Parental consent is required for all losses. When known fetal remains are received, or when the presence of fetal remains becomes apparent upon initial assessment of any specimen, it must be established that informed parental consent has been given before further examination or cremation of the fetal remains may occur.

Specific consent forms are available to obtain informed parental consent for the examination and cremation of those fetuses of less than 20 weeks gestation. It is preferred that these be used.

**They are:**

- (MR 238) Consent for Pathology Examination - Baby less than 20 Weeks Gestation
- (MR 297) Consent for Cremation - Stillborn Baby less than 28 Weeks Gestation

Alternatively, consent may be given via a suitably amended post 20-week consent form (MR 236), or via a suitably amended PathWest Pathology Request form, provided that the following minimum information is given:

1. The name of the person giving the consent.

2. The name and signature of the person recording the consent: this may be a doctor, nurse, midwife, post mortem coordinator or other professional person judged to be competent to explain to the parent(s) the purpose of the consent being sought.

3. The date and time of the discussion.

4. Confirmation that informed post mortem examination and KEMH cremation consent has been sought from, and given by the parent(s).
Babies of 20 weeks or greater gestation

Parental consent is legally required for a non-coronial post mortem examination to take place on a baby of greater than 20 weeks gestation. If the baby is less than 28 weeks gestation and stillborn and the parents wish KEMH to cremate their baby, then appropriate consent is also legally required.

It is important to remember that a post mortem examination and/or KEMH cremation or private funeral cannot proceed until all complete legal and departmental document requirements are received by the Perinatal Pathology Department. To avoid any delays that may occur while documentation is subsequently being obtained, all documents must accompany the baby at the time of transfer to KEMH.

Note:

1. KEMH is unable to cremate babies greater than 28 weeks gestation OR babies that have breathed or had a heart beat regardless of gestational age.

2. Please check all documentation is complete before sending it with the baby to Perinatal Pathology. Incomplete documentation will not be accepted. Time spent obtaining correctly completed documents will cause delays in examinations and funeral arrangements.

The table on the following page summarises the requirements for each type of case based on departmental requirements, legal requirements and individual requests.
## Legal and departmental documentation requirements

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Legal Documentation Requirements</th>
<th>Requirements for a KEMH Cremation</th>
<th>Requirements for a Post Mortem Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetus of less than 20 weeks gestation AND Any specimen with recognisable fetal parts</td>
<td>NIL Required by law</td>
<td>MR297: Consent for Cremation - Stillborn Baby less than 28 Weeks OR</td>
<td>MR238: Consent for Pathology Examination - Baby less than 20 Weeks Gestation OR</td>
</tr>
<tr>
<td>Stillborn babies greater than 20 weeks AND Less than 28 weeks gestation</td>
<td>BM201 - Medical Certificate of Cause of Stillbirth OR Neonatal Death AND Form 7 - Certificate of Medical Practitioner</td>
<td>MR236 Consent for Pathology Request form</td>
<td>MR2236 Consent for Post Mortem Examination</td>
</tr>
</tbody>
</table>
| Babies of any gestation where extrauterine life is detected AND Babies of greater than 28 weeks gestation | Form 7 - Certificate of Medical Practitioner | MR236 Consent for Post Mortem Examination | OPTION NOT AVAILABLE

Funeral to be arranged with a registered Funeral Director.
Documentation examples

The following documents are currently in use and will be accepted by our department:

A. PathWest Pathology Request form
   Pathology Request Form (a similar request form from another Pathology provider or hospital is acceptable)

B. MR 238
   Consent for Pathology Examination - Baby less than 20 Weeks Gestation

C. BDM 201
   Medical Certificate of Cause of Stillbirth OR Neonatal Death

D. Form 7
   Certificate of Medical Practitioner

E. Pamphlet
   Non-Coronial Post Mortem Examinations - Information for Parents

F. MR 236
   Consent for Post Mortem Examination

G. MR 297
   Consent for Cremation - Stillborn Baby less than 28 Weeks Gestation
A. PathWest Pathology Request form

Note: If using a Pathology Request form for the examination and cremation of a fetus of less than 20 weeks or a specimen containing recognisable fetal parts, parental consent for the examination and cremation must be obtained and noted on the form.
B. HPF 1480 - Consent for Pathology Examination
Baby less than 20 Weeks Gestation

CONSENT FOR PATHOLOGY EXAMINATION
Baby less than 20 weeks gestation

PATHOLOGY EXAMINATION CONSENT FROM PARENTS

I, ___________________________ hereby give my consent for a pathology examination to be performed on my baby. My relationship to the baby is ___________________________.

Signed: ___________________________ Date: / / 

Witness Name: ___________________________ Witness Signature: ___________________________

☐ Full Examination ☐ External Examination Only

OR

VERBAL CONSENT FROM NEXT OF KIN

I, ___________________________ hereby declare that the parents of baby ___________________________ have given their verbal consent for a pathology examination to be performed on their baby.

Signed: ___________________________ Date: / / 

INSTRUCTIONS TO MEDICAL STAFF:

This form must be completed when fetal or embryonic tissues are submitted to the laboratory for examination. If any fetal or embryonic parts are identified after initial examination in the laboratory, the specimen will be retained untouched until this form is received. This policy applies to all specimens dealt with at KFMH and PMH.

CLINICAL HISTORY - ULTRASOUND INVESTIGATIONS / CLINICAL CAUSE OF PREGNANCY LOSS:

L.M.P. / / 

Weeks & Days Gestation ___________________________

Date of Delivery / / 

Consultant ___________________________ (please print) 

Provider Number

Requesting Dr ___________________________ (please print) 

Requesting Dr's Signature ___________________________ Date: / / 

MR238
C. BDM 201 - Medical Certificate of Cause of Stillbirth OR Neonatal Death

MEDICAL CERTIFICATE OF CAUSE OF STILLBIRTH OR NEONATAL DEATH

To be completed in respect of –

i. A child not born alive, of at least 20 weeks gestation or if the period of gestation cannot be reliably established, a weight of 400 grams

Note: Where appropriate please tick relevant boxes if details are unknown, write "Unknown".

CAUSE OF DEATH (Print clearly. Do not abbreviate)

➢ Post mortem:
  Carried out □ To be carried out: Yes □ No □

➢ Is cause of death shown below based on post mortem? Yes □ No □

➢ Causes in child or foetus

<table>
<thead>
<tr>
<th>Disease or condition directly leading to death</th>
<th>Approx. interval between onset &amp; death</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maternal or other conditions or causes giving rise to the underlying cause above</th>
<th>Approx. interval between onset &amp; death</th>
</tr>
</thead>
</table>

† Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

Other significant conditions in child, foetus or mother contributing to the death, but not related to the disease or condition causing it

I hereby certify that the particulars shown above are true to the best of my knowledge.

Signature ____________________________

Name _______________________________

Address _____________________________

Date _______________________________
D. Form 7 - Certificate of Medical Practitioner

<table>
<thead>
<tr>
<th>Certificate of Medical Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate to be completed by doctor who attended deceased prior to death. Add additional pages if more space is required. Attach copies of all relevant laboratory reports, results, certificates etc.</td>
</tr>
</tbody>
</table>

**Deceased**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

| Date of birth / / |
| Age |
| Martial status □ Male □ Female |
| Occupation |

**Doctor**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

Are you a spouse, de facto partner or relative of the deceased? □ No □ Yes. Nature of relationship

As far as you are aware, do you have a pecuniary interest in the deceased’s estate or any other pecuniary interest in the deceased’s death? □ No □ Yes. Give details

Were you the deceased’s usual doctor? □ No □ Yes

**Recent care of deceased**

During the 4 weeks prior to death did the deceased receive medical or nursing care?

| No |
| Yes. Where was the deceased cared for? |
| Hospital |
| Nursing home |
| Home |
| Other |

If cared for at home or other place, who provided care?

| Professional health care providers |
| Relatives, friends, others |

Give names and relationship to the deceased

Did you attend the deceased during his or her last illness? □ No □ Yes Since what date? / /20

Did any other doctor(s) attend the deceased during his or her last illness? □ No □ Yes. Give names

**Last Illness**

Brief clinical history of last illness including diagnoses and events leading to death.

**Details of death**

| Date / /20 |
| Time a.m./p.m. |

Place where the deceased died

| Home |
| Hospital |
| Other |

| Address |
| Address |

Amended 2008
At King Edward Memorial Hospital (KEMH), we recognise that the loss of your baby will be a sad time and we are committed to supporting and caring for you and your family. The death of your baby may raise important questions that can affect your grief as well as have implications for future pregnancies.

The decision to have an internal examination of your baby’s body can be a difficult decision and may be influenced by some people wanting to protect you from further emotional pain by advising against it. Research and our experiences show that some parents have later regretted not having the information that a post mortem examination may provide, whereas rarely do parents regret having this information.

It is important to know that such an examination will not compromise either your ongoing contact with your baby nor any pastoral, spiritual or religious needs related to your baby.

The following information is provided so that you are well informed to make your decision and know the options available to you.

**What is a Post Mortem Examination?**

This is an examination performed after death to provide as much information as possible to explain what happened to your baby and why. An examination can only be done with your consent.

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**Note:** This pamphlet must be given to all parents considering a post mortem on their baby.
F. MR 236 - Consent for Post Mortem Examination

**Part A**

**WRITTEN PARENTAL CONSENT**

I ________________________________ hereby give my consent for a post mortem examination to be performed on __________________________ subject to the conditions specified below.

The following checklist is provided to ensure that you have received sufficient information to give informed consent for a post mortem examination. KEMH will NOT proceed with the examination unless all questions are answered.

- I have read and understood the Post Mortem Examination Information Pamphlet

- I have had the opportunity to ask questions

- I have received satisfactory answers to all my questions

- I understand that tissue samples or fluids will be taken and held for laboratory investigations

- I understand that routine tissue samples will be taken for Histology and retained indefinitely and may be used anonymously for teaching or quality assurance

- I understand that no whole organs will be retained without my consent

- I understand that medical photographs will be taken at the time of the post mortem examination

- I understand that mementos (photographs, hand and foot prints) will be created of my baby and are available upon request.

- I understand that other health professionals (eg. Pathologists in training, Doctors, nurses) may be present at the post mortem examination

- I have received sufficient information to give informed consent and have been given adequate time to make my decision

- I understand that I can limit the extent of the examination, and that the more complete the examination, the more information the final report will contain.

**Consent for the following Post Mortem Examination has been given** (Please tick ONE box)

- Full Examination
- Limited Examination *(See Below)*
- External Examination Only
- Step – Wise Examination

* I have chosen a limited examination. Please examine the following only –
  - Head
  - Chest
  - Abdomen
  - Other __________________________

- May tissue, apart from routine samples taken for Histology, be retained for teaching and research?
  - YES
  - NO

- Whole Organ(s) may be retained –
  - YES
  - NO

  If whole organ(s) may be retained specify which: __________________________

  Specify method of organ disposal after examination: __________________________

My relationship to the deceased is: __________________________

Signed: __________________________ Date: ___ / ___ / ___

**Part B**

Witness certifying that all relevant information has been provided to Parent(s) signing above:

Print Name & Title: __________________________ (Clinical Staff)

Signed: __________________________ Date: ___ / ___ / ___

**Note:** This is a four page form. Please ensure it is completed correctly.
G. HPF 345 - Consent for Cremation - Stillborn Baby less than 28 Weeks Gestation

TO BE COMPLETED AND SIGNED AFTER BIRTH

After discussion of cremation options with Pastoral Care (and/or appropriate staff)
I, ___________________________ hereby request King Edward Memorial Hospital for Women to cremate my stillborn baby at the hospital.

Baby’s Forename ___________________________ Surname ________________

DOB ___________________________ Gestation ____/40

Father’s Forename ___________________________ Surname ________________

Parents, please double check that all details above are correct and complete (include all names), so when letters and photographs are printed, your baby’s details will be correct. Delays may occur if reprints are required.

I understand that I can choose ONE of the following options

☐ A. INTERMENT IN THE MEMORIAL GARDEN

I request that the ashes be interred in the Memorial Garden at the Interment of Ashes Service at King Edward Memorial Hospital on: (Date will be advised by KEMH staff)

Thursday the ______ day of ______ 20____

I wish for my baby’s name to be read out at the Memorial Service. YES NO (circle one)

☐ B. RETURN OF SEPARATE ASHES

I request that my baby’s ashes be returned to me. These will be available for collection from either:
(please tick the appropriate box below)

☐ Perinatal Pathology Department (KEMH Ph: 08 9340 2730 to make a collection time)
☐ Pastoral Care Services (KEMH Ph: 08 9340 1725 who will phone you to arrange collection)
☐ Genetic Services (KEMH Ph: 08 9340 1525)
☐ Contact ___________________________ Hospital ___________________________

☐ Health Centre / GP: Name ___________________________ 

Address ___________________________

MEMENTOS – If at all possible mementos of your baby will be created, and are available on request. Please select your mementos and collection preference. (please tick the appropriate box below)

☐ Photos ☐ Hand & Footprints ☐ Recognition of Life Certificate (for baby less than 20 weeks only)
☐ I will contact Perinatal Pathology to arrange collection
☐ I will collect at the Interment of Ashes Service
☐ I will collect with Separate Ashes
☐ I do not wish to collect my baby’s mementos at this time
☐ Belongings to be returned

Perinatal Pathology will cremate all belongings of the baby received unless otherwise stated above.

Signed: ___________________________ Relationship to Baby: ___________________________

Witness Name: ___________________________ Witness Signed: ___________________________

(witness must be a clinical staff member)

Date: / /

DISCLAIMER

Perinatal Pathology will not cremate baby before 3 days of the cremation form being signed / dated unless otherwise stated.
Post mortem examinations

Whenever a baby dies, regardless of the gestation, there are many questions that parents may ask. Many of these questions can only be addressed by a full examination of the baby and placenta. The pathologist may be able to provide answers to some of the following questions:

- Was the baby abnormal in any way?
- Are there any findings important for future pregnancies?
- Are any problems likely to recur in future pregnancies?
- Could these events have been prevented?
- Why did the baby die?

Even if these specific questions cannot be answered, information of importance can be gathered which will be of benefit in future discussions between parents and care givers. In these circumstances it is useful to know that there was, for example, no evidence of infection or physical abnormalities even if a precise cause of death cannot be stated.

If consent for a post mortem examination is not received then no post mortem examination will be done and the baby will not be viewed by a pathologist.

Consent requirements when dealing with hospital or non-coronial post mortem examinations are governed by the Non-Coronial Post Mortem Examinations Code of Practice of 2007. The principles and guidelines of the code are based on the “Code of Ethical Autopsy Practice” which is a national code reflecting best practice in post mortem examinations.

The code of practice is specific in the way that informed consent for a post mortem examination must be obtained from parents and the requirements of explicit documentation of the informed consent that has been obtained.

In order for informed consent to be obtained, the pamphlet titled Non-Coronial Post Mortem Examinations - Information for Parents must be given to all parents considering a post mortem examination on their baby.
When receiving a baby for post mortem examination we must be sure that information about post mortem examinations has been given to parents to ensure that any decisions they make are informed.

**Completing the MR236 Consent for Post Mortem Examination form**

The MR 236 Consent for Post Mortem Examination must be completed correctly when obtaining consent for a post mortem examination of a baby of 20 weeks or more gestation. There are a number of significant requirements for greater parental participation in ensuring the form is filled out and completed correctly. It is necessary that parents have all the time they require to ask questions and have these questions answered in an honest and open manner, before making a decision.

**Page One**

**Part A - Written parental consent**

A parent(s) or a staff member must complete this section. It requires answers to a number of questions in a yes/no format, to ensure that the parents have received all the necessary post mortem examination procedure information to give informed consent. There is a declaration at the bottom of this page that requires the signature of the parent(s) giving the informed consent.

**Part B - Witness**

The signature of the medical officer or clinical staff member obtaining the informed consent, certifying that all relevant information has been provided to the parent(s) signing in Part A.

**Page Two**

**Part C - Verbal consent from next of kin**

This is a declaration from the medical officer who has sought informed consent verbally. Part A of this form must still be completed to show that the parent(s) have received the necessary information required to give informed consent and the extent of the examination that is to take place.
Part D - Post mortem examination results

Technical and plain language reports will not be sent directly to parents. The name of an obstetrician, GP or other doctor must be provided if parents wish to receive either of these reports.

It is here that the details of the doctor(s) nominated to receive these reports are written.

Part E - Post Mortem Coordinator

As part of the Non-Coronial Post Mortem Examinations Code of Practice 2007 a post mortem coordinator must be employed by KEMH to ensure that informed consent is received before any examination takes place. Only the appointed post mortem coordinator can complete this declaration.

Part F - Authority for post mortem examination

This is not to be completed by the requesting doctor obtaining parental consent. If there are no doctors on staff that are designated officers or delegates in terms of the Human Tissue Act 1982, please leave blank.

Part G - Pathologist

The Perinatal Pathology Department will complete this section.

Page Three

Clinical information to be completed by clinical staff

The completion of this section must be done by the referring doctor or clinical staff. It is necessary and of great importance as it provides the pathologist with current pregnancy information and previous obstetric history. If there is a lack of information in this section of the documentation, it will be returned for completion before an examination takes place.

Page Four

To be completed by the KEMH post mortem coordinator or delegate ONLY.
Note: For more information on non-coronial post mortem examinations and to view the Non-Coronial Post Mortem Examinations Code of Practice of 2007 go to: www.health.wa.gov.au/postmortem/

The MR236 Consent for Post Mortem Examination and the Non-Coronial Post Mortem Examinations - Information for Parents pamphlet are available in five different languages. To download alternate translations, go to: www.health.wa.gov.au/postmortem/ and click on the KEMH links for translations in English, Arabic, Chinese, Farsi (Persian) and Vietnamese.

Post Mortem examination options

At KEMH we acknowledge that the informed wishes of the parents are the basis of what happens to their baby after death. The choice of a post mortem examination is always determined by the parents and there are varying options, regardless of the gestational age of the baby, as outlined below.

1. Full post mortem examination - a full post mortem examination is of most benefit as it allows the pathologist to examine all of the organs of the baby. They can provide a very detailed report of any external or internal abnormalities, structural defects and organ growth, making available the maximum possible information. It is often a great help for parents when coming to terms with the death of their baby to feel that they, through their decision to permit a full post mortem examination, are in possession of all the relevant facts that could possibly be known.

A full post mortem includes an x-ray and photographs are taken of the baby to create a permanent record. At the time of the examination, the pathologist does a full external and internal examination. The face, limbs and hands are never cut. Each of the individual organs is examined, weighed and small samples from every organ are taken for microscopic examination, which are kept indefinitely as a permanent record. If necessary, small samples are taken for investigating infectious organisms or chromosomal abnormalities.
Whole major organs (eg: heart, brain, liver), are not retained without specific consent from the parents. The placenta, if received, is also examined at this time. All remaining tissues are returned to the body at the end of the examination for burial or cremation.

2. **Limited post mortem examination** - is when there are restrictions placed on the examination. The extent of a limited post mortem examination can vary and will include the examination involving only the areas selected by the parents in discussion with their doctor, the pathologist or the post mortem coordinator. The focus can be directed towards a specific problem that has been identified during pregnancy or after delivery, such as a heart defect or a specific abnormality of an organ. External, x-ray and placental examinations are also done and photographs are taken for the permanent record.

Parents have the right to restrict an examination to any organ or part of the body if they choose, however they should understand that abnormalities in one part of the body are often accompanied by important abnormalities elsewhere, which may only be seen at a full post mortem examination. This procedure will not provide the same amount of useful information as a full post mortem examination.

3. **External examination** - when, with parental consent, the outside of the baby’s body, x-ray and placental examinations only take place. Some useful information can be gained by measurements and x-rays but no comment can be made on organ development and form, as no cuts are made and no internal organs are studied. Photographs are taken and stored in the department as a permanent record.

4. **Step-wise examination** - parents have the right to say what limits they want put on the examination, but include permission for the pathologist to examine other areas if the initial findings suggest there may be abnormalities elsewhere. For example, if parents choose a step-wise examination after a condition mainly affecting the abdomen, the pathologist will examine the abdomen, and only examine the chest if he/she finds clear suggestions that the condition has also affected the chest.
5. **Placental examination** - valuable information can still be obtained from the examination of the placenta if parents do not wish for a post mortem examination to be performed on their baby.

**Note:**

At all times, fetuses and placentas must be sent **unfixed** (with no formalin or other preservative added) so that further microbiological, cytogenetic or other further testing can be done, if required.

The more complete the examination, the more information the final report will contain. The more information the doctor or counsellor involved with the care of their patient receives, the better they will be able to explain what has happened to the baby and whether this could affect future pregnancies or other family members.

**Commonly asked questions**

**What does the reference to teaching mean?**

During any post mortem examination, a medical student, junior doctor, midwife, nurse or laboratory technician may be present as part of their training. Also, if consent has been given for the use of tissues for teaching, then the small samples taken for diagnosis may be used anonymously for the education of junior doctors.

**Is tissue automatically used for research?**

Tissue will not be used for research purposes unless parental consent is given. Any research that takes place will have the approval of the hospital’s ethics committee.

**Is it compulsory to have a hospital post mortem examination?**

No, it is always the parent’s choice. A non-coronial post mortem examination can only be carried out with parental consent. Parents do have the right to request a post mortem examination if one is not offered.
Will the parents be able to see their baby after the post mortem?

It is possible for parents to see and if they choose, hold, their baby after a post mortem examination.

When are the results ready?

The pathologist writes a detailed report, listing the findings made and results of any special investigations. The preliminary report containing information obtained from the naked eye inspection at the time of the post mortem examination should be available within one to two working days.

The final report containing the histology findings and any other test results may not be issued for up to six to eight weeks depending on abnormalities found or additional tests (eg. microbiology) carried out at the time of the post mortem examination.

What is a plain language report?

A plain language report is a report completed by the pathologist detailing his/her findings of a post mortem examination in plain English that is understandable by people with a non-medical background. These are not done routinely but can be requested when completing the post mortem examination consent form, or any time following.

Reminder: Technical and plain language reports will not be sent directly to parents. When these reports are requested, the name of a GP, obstetrician or other doctor must be provided.

Why aren’t reports sent directly to parents?

Technical post mortem examination reports are written and issued in the knowledge that they may be ultimately given to and read by parents. To avoid misunderstandings it is essential that the report is initially given with an explanation of the contents from their obstetrician, GP or other doctor.
Funeral options

There are two main options for funerals of babies:

1. KEMH cremations (conditions apply)
2. Private funerals - involving a registered funeral director

1. KEMH Cremations

It is permissible by law for our department to cremate babies that are stillborn and less than 28 weeks gestation, provided we receive parental consent and the correct documentation (please refer to page 5 - Documentation Requirements). A specific consent form, *MR 297 Consent for Cremation - Stillborn Baby less than 28 Weeks Gestation*, is available to obtain parental consent for a KEMH cremation.

If a KEMH cremation is requested, parent(s) have two options from which to choose. Their choice needs to be indicated on the consent form (*MR 297*).

A. Interment of Ashes Service

The KEMH Interment of Ashes Service is a Memorial Service where the ashes (cremated remains) of stillborn babies, up to 28 weeks gestation, are interred in the KEMH Memorial Garden.

The Perinatal Pathology Department conducts the cremations for the service towards the end of each month. For those parents whose babies are born at hospitals other than KEMH, a letter, service details and service booklet are sent by Perinatal Pathology staff on behalf of Pastoral Care Services, informing them of the details.

This service is free of charge.

The service is held on the last Thursday of each calendar month (except December, when it is held on the third Thursday) and is conducted by the hospital’s Pastoral Care Service and welcomes parents of the babies, their family and friends.

Where consent has been given, the names of each of the babies are read and each parent and their family are encouraged to inter a portion of the ashes in the site prepared within the garden.
B. Individual cremations

As an alternative to participation in the KEMH Interment of Ashes Service, we are able to perform individual cremations where babies are cremated and the ashes retained for return to the parent(s). The same requirements of parental consent and the baby being stillborn and less than 28 weeks gestation still applies.

A fee of $100 is charged to the hospital of origin for each baby cremated that does not have a post mortem examination and is received for cremation only. For those who request individual cremations where a post mortem examination is performed, the cremation is done free of charge, unless other arrangements are in place.

Following the cremation, the ashes are returned to the hospital of origin, via registered post, to be passed on to the family. Ashes are not sent directly to parents. It is preferred that an involved health-care professional is used as an intermediary. Alternatively parents may wish to collect ashes from KEMH directly. This can be arranged by calling Perinatal Pathology on (08) 9340 2730.

The method in which the parent(s) would like to collect separate ashes must be indicated on the consent form (MR 297).

If parents have requested separate ashes and do not wish to collect them directly from KEMH, please ensure that a health-carer has been nominated to have the ashes sent to them to return to the parents. Please indicate on the consent form, the name of the nominated individual or any alternative arrangements the parents have made for the return of the ashes.

Parents collecting ashes must produce photo ID. If another person has been nominated to collect the ashes they must have written consent from the parents as well as photo ID.
Reminder:

For a KEMH cremation to occur:

- babies must be stillborn and less than 28 weeks gestation
- parental consent for cremation must be obtained.

2. Private funerals

Private cremations and burials involve a registered funeral director and are required by law for babies over twenty eight weeks gestation and those babies who, at any gestation, had a heartbeat or breathed at birth. Private funerals are another option for babies who could otherwise be cremated by KEMH.

Funerals with a registered funeral director incur a cost. Families should contact the funeral director of their choice directly to make the appropriate arrangements.

KEMH Pastoral Care Services or Social Work departments can assist parents when considering various funeral options and choices. The use of the KEMH Chapel facilities are available as part of any funeral arrangements. When arrangements are made, the funeral director will contact us to arrange the transfer of the baby into their care.

Note: Please forward details of the parents’ funeral arrangement wishes or funeral company name to us with the baby, if known and available at the time of transfer to KEMH.
Transportation

The Perinatal Pathology Department at KEMH will coordinate the transportation of all non-coronial perinatal deaths to and from KEMH requiring a post mortem examination and/or KEMH cremation.

A statewide perinatal death transport system exists for the transportation of all non-coronial perinatal deaths, regardless of gestational age, in Western Australia to Perinatal Pathology, KEMH, for post mortem examination and/or cremation. It is not appropriate that babies regardless of gestational age and size are transported as pathology specimens.

The statewide perinatal death transport system provides a suitable mode of transporting babies to and from KEMH that is acceptable to all users throughout WA. The system provides best practice guidelines, meets legal packaging and transport guidelines for the deceased, and provides transport methods that avoid problems and delays and will be at no cost to parents.

Individual hospitals are no longer required to organise their own courier to transport a baby to Perinatal Pathology. A telephone call to Perinatal Pathology staff on (08) 9340 2730 providing details of the baby requiring post mortem examination and/or cremation is all that is required.

Metropolitan hospital deaths

For a perinatal death in a hospital within the Perth metropolitan area, Perinatal Pathology staff will arrange for the collection of the baby from the hospital and transport via the nominated registered funeral director.

Non-metropolitan hospital deaths

For a perinatal death in a hospital outside the Perth metropolitan area, Perinatal Pathology staff will arrange for the collection of the baby from the hospital and transport via air (or road where necessary) to KEMH with the nominated registered funeral director.
Transport ‘kits’ are provided containing written guidelines and all the requirements to send a baby to KEMH. Kits are to be used for all babies regardless of gestational age and size.

Each kit contains:

- an unpainted transportation casket
- a blue plastic hermetic sleeve
- un-frozen ice bricks for cooling during transport (please freeze)
- what to do in the event of a perinatal death to be sent to KEMH
- perinatal pathology and transport documentation requirements
- packaging requirements
- documentation to be completed
- transport documents that must be completed for all cases
- contact details for Perinatal Pathology, KEMH.

Kits are held in most regional hospitals however more are available if necessary. Kits are reused and distributed as required. Kits can be sent to smaller hospitals upon request.

Packaging

When sending a baby to KEMH, certain packaging requirements are necessary to ensure minimal post-mortem changes take place.

1. Babies and placentas should be sent fresh and NOT placed in formalin, saline or any other form of fixative. The addition of tissue fixative removes the possibility of further tests (eg. microbiology, cytogenetics) being carried out if required.

2. The baby and placenta must be placed in a sealed leak proof container(s) suitable for transport. Babies over 20 weeks gestation that do not fit into a sealed leak proof container, must be wrapped in an absorbent wrap (eg. bluey/bench under pad).
3. All containers and wrapped babies must be clearly identified/labelled with all the baby and maternal details available, including baby’s date and time of birth.

4. If baby is for a post mortem examination or KEMH cremation then the appropriate documentation indicating consent must accompany the baby to KEMH.

Air transport from non-metropolitan hospitals

1. The wrapped baby or containers containing the baby and placenta must then be placed in the blue plastic protective pouch provided in the ‘kit’ to avoid leakage of fluids and dehydration. The blue plastic protective pouch must be sealed with the zip closed, then placed with frozen ice bricks into the transport casket.

2. Documentation should be placed in a protective envelope (plastic sleeve) and put in the transportation casket for transport with the baby and placenta to KEMH.

3. Secure the lid of the casket using the screws supplied.

4. Tape the completed *Delivery Label* (form three) to the lid of the closed casket.

5. Place the completed flight documents (form one and two) with a copy of the BDM201 or equivalent in an envelope and have it accompanying the casket when delivering to the airport.

6. Complete a consignment note provided by the airfreight agent.

**Note:**

1. ALL babies and placentas awaiting transportation to KEMH must be refrigerated.

2. With all cases, please include contact details of a nominated individual in case further inquiries are necessary (eg. duty nurse manager involved with the case).
Air transport documentation requirements

Form one
Statutory Declaration - this form states that the baby has been prepared/packaged for the flight in a way acceptable to the airline and must be completed in all cases.

Form two
Perinatal Death Transportation Form - this must be completed once flight details are known. You will be notified of these details shortly following notification to Perinatal Pathology that you have a baby requiring transportation to KEMH.

Form three
Delivery Label - to be completed with sender details then taped to the lid of the closed transport casket.

Other requirements
A photocopy of the BDM201 - Medical Certificate of Cause of Stillbirth OR Neonatal Death, is required by the airline when transferring a baby to KEMH. For a baby of less than 20 weeks gestation where a BDM201 does not exist, then a letter of declaration must be completed in lieu of the BDM201.

Consignment note
A consignment note obtained from your local airfreight agent must be completed so that each casket can be ‘tracked’ during all transport movements and costed at correct rates.

Note: When flights are not used for transport, alternative arrangements will be made.
Form one - Statutory Declaration

FORM 1

STATUTORY DECLARATION

Date _____ / ____/ ____

Attention: Airlines Cargo Representative

To whom it may concern

Re: The late baby ______________________________ (name).

We hereby confirm that the above mentioned baby has been secured in a polythene pouch consistent with airline regulations.

If you require any further information please contact the Perinatal Pathology Department at King Edward Memorial Hospital on (08) 9340 2730 or Purslowe Funeral Homes on (08) 9361 1185.

Yours sincerely

Signature ___________________________

Name (please print) ___________________________

Title/Position ___________________________
PERINATAL DEATH TRANSPORTATION

TO: PURSLOWE FUNERAL HOMES
289 ALBANY HWY
VICTORIA PARK WA 6100
PHONE: 9361 1185  FAX: 9470 1824

ON BEHALF OF: PERINATAL PATHOLOGY DEPARTMENT
KING EDWARD MEMORIAL HOSPITAL
374 BAGOT ROAD
SUBIACO WA 6008
PHONE: 9340 2730  FAX: 9340 2589

FROM: ______________________________________
________________________________________

NAME OF DECEASED: BABY _________________________
DATE OF BIRTH: ___ / ___ / ___
DATE OF DEATH: ___ / ___ / ___
DAY/DATE OF DEPARTURE: _____________ ___ / ___ / ___
FLIGHT DETAILS: FLIGHT NO: _________________
DEPARTURE: _________________
ARRIVAL: _________________

RECEIVER: PERINATAL PATHOLOGY DEPARTMENT
KING EDWARD MEMORIAL HOSPITAL
374 BAGOT ROAD
SUBIACO WA 6008
PHONE: 9340 2730  FAX: 9340 2589
Letter of Declaration

To be completed in lieu of a BDM201 for babies of less than 20 weeks gestation.

To whom it may concern

Re: Baby _____________________________________ (name if given)

Baby of _____________________________________ (name)

_____________________________________ (address)

This is to certify that _______________________ (mothers name) gave birth to a stillborn male / female baby on the ____ /____ /____ (date of birth) of ______ / 40 weeks gestation, weighing ______ grams.

Signature ________________________________________________

Name ____________________________________________________

Address ______________________________________ Date ____ /____ /____

Form three - Delivery Label
The Perinatal Pathology Department is located on the left at the end of Hensman Road, as indicated by the arrows.
| **Perinatal Pathology Department**  
| **and the Post Mortem Coordinator** |
| --- | --- |
| **Office hours** | Monday to Friday 8.00am to 4.00pm |
| **Telephone** | Office (08) 9340 2730  
| | Mobile 0414 930 260 |
| **Fax** | (08) 9340 2589 |
| **Delivery address** | Hensman Road  
| | SUBIACO WA 6008 |
| **Postal address** | PO Box 134  
| | SUBIACO WA 6904 |
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WOMEN AND NEWBORN HEALTH SERVICE
King Edward Memorial Hospital
374 Bagot Road Subiaco WA 6008
Telephone: (08) 9340 2222

Government of Western Australia
Department of Health
Delivering a Healthy WA