DEATH

PERINATAL DEATH

LEGALITIES

Keywords: perinatal death, deceased, stillbirth, neonatal death, dead on arrival, post-mortem, register of birth, deaths and marriages, perinatal pathology

AIM

The completion of the correct documents in the event of a perinatal death

PERINATAL DEATH – DEFINITION

Perinatal death refers to the birth of a baby of 20 weeks gestation or more, which either dies before birth (stillbirth) or in the neonatal period (neonatal death).

STILLBIRTH (NO SIGNS OF LIFE AFTER BIRTH)

1. Period of gestation 20-28 weeks
   - Registration: If the period of gestation is known to be 20 weeks or more, the birth and death must be registered with the Registrar of Births, Deaths and Marriages using the Birth Information Paper and the Medical Certificate of Cause of Stillbirth or Neonatal Death (BDM 201).
   - Disposal: The body may be cremated at King Edward Memorial Hospital (monthly collective internment of ashes, or individual cremation with return of separate ashes, parental consent required for both).
   - If the parents wish, cremation or burial may be arranged by an external Funeral Director.

2. Period of Gestation 28 weeks or more.
   - Registration: The birth and death must be registered as above.
   - Disposal: The body must have a funeral (cremation or burial) arranged through an external funeral director

NEONATAL DEATH (HEART BEATS AFTER BIRTH)

- Registration: All babies born alive who subsequently die in the neonatal period must have the birth and death registered with the Registrar of Births, Deaths and Marriages using both the Birth Information Paper and the Medical Certificate of Cause of Stillbirth or Neonatal Death (BDM 201).

- Disposal: The body must have a funeral (cremation or burial) arranged through an external funeral director.

PRESENTATION OF NEWBORN – DEAD ON ARRIVAL (DOA)

If a woman presents to King Edward Memorial Hospital having given birth prior to presentation at KEMH and the newborn is DOA, the following procedure is to be followed and the details documented in the maternal medical record.

- The Obstetric Registrar will examine the mother and baby and will enquire about the circumstances of the birth.

- The Obstetric Consultant for the team will be notified.
• The Neonatal Registrar will be called to examine the baby.

• Upon consideration of the circumstances, the Coroner’s Office may be notified (in accordance with WCHS policy 087).

• The mother should be offered admission for continuing care and counselling (single room).

• The baby may accompany the mother. Alternatively the baby may be transferred to Perinatal Pathology.

DOCUMENTATION

• Follow the Perinatal Loss > 20 weeks Gestation Vaginal Birth Clinical Pathway (MR 270) for the documentation required. Depending on the circumstances, not all documentation may be required.

Stillbirth or Neonatal Death (> 20 weeks gestation)

• Death in Hospital Form MR 001 - completed by the clinical staff in attendance. (Assists in the determination of whether the death is reportable to the Coroner).

• Medical Certificate of Cause of Stillbirth or Neonatal Death BDM 201 – the attending medical officer completes and signs the certificate. The midwife forwards the completed certificate to Perinatal Pathology.

• Certificate of Medical Attendant Form 7 (if > 20 weeks gestation) – the attending medical officer completes and signs the form. The midwife forwards the completed certificate to Perinatal Pathology.

• Consent for Cremation of Stillborn Baby (less than 28 weeks gestation). Pastoral Care Services should routinely be called to discuss options and facilitate coordination of the chosen option ensuring the correct consent forms are completed. Pastoral Care forwards the completed form to Perinatal Pathology.

• Birth Registration and Bereavement Payment forms. The midwife completes those sections of the forms that are required to be completed by the hospital. The remainder of the forms is completed by the parent(s). The completed form must be forwarded to the Registry of Births, Deaths and Marriages by the parents or using the pre paid self- addressed envelope.

• Consent for Post Mortem Examination MR 236. The clinical staff must discuss post mortem, and if consent is given, completes all relevant areas of the form (including the clinical history on page 3) and is responsible for the completion of the "Consent by Next of Kin" section of the form. The midwife forwards the completed certificate to Perinatal Pathology. Additional information is in the Perinatal Pathology Handbook and the patient information pamphlet ‘Non Coronial Post Mortem Examinations’.

• Babies less than 20 weeks gestation require a ‘Consent for Pathology Examination Baby less than 20 weeks Gestation’ form (MR 238) to be completed, if a post mortem examination is consented to. The clinical staff completes all relevant areas of the form. It is preferred that if consent for post mortem is declined, this is noted on the form and sent to Perinatal Pathology. Further information is located in the Perinatal Pathology Handbook.

• A laboratory request form is required if the placenta is being sent for examination. See Clinical Guidelines Post Birth Specimen Collection / Examination.
## REFERENCES (STANDARDS)

National Standards – 12 Service Delivery  
Legislation – Health Act 1911  
Coroner’s Act 1996  

Related Policies – Department of Health “WA Review of Death Policy IC 0195 / 14 Direct Transfer of the Body of a Deceased Person into the Hands of relatives”  
Other related documents – Nil  

## RESPONSIBILITY

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