

Transcript of Discussing Authorised (Hospital) Post Mortem Examination After Stillbirth or Neonatal Death Video Script

A stillbirth or neonatal death is a very difficult time for those who are bereaved, but such deaths may also be upsetting for professionals. Before discussing post mortem examinations with families, make sure that you are informed and comfortable with the process. It may be a good idea to contact your local pathologist, who will be able to explain the procedure and alleviate any concerns which you may have.

A post mortem may provide parents with valuable information about why their baby died. It may reveal clinical conditions which may impact on the health and wellbeing of living relatives. It may also help parents prepare for future pregnancies. In a small percentage of cases, a post mortem may not reveal a definitive cause of death, but this can still be helpful information for families. A post mortem may also help to allay fears that the mother did something 'wrong' during pregnancy and was somehow to blame.

It is a common misconception that certain groups will be offended if you ask about a post mortem. All groups are heterogeneous and whilst some may refuse a post mortem, many will be glad that you asked. Every effort will be made to ensure that the procedure is done with respect to any cultural, faith or spiritual beliefs.

Let the parents know that their baby will be looked after and respected at all times and that the post mortem will be carried out by a specialist, in a clinical and caring manner.

Parents requests can usually be accommodated, for example, having photos taken, footprints produced or locks of hair saved. Some families find it comforting for a keepsake to go with their baby to the mortuary.

A detailed post mortem requires the examination and removal of all the internal organs from the body cavity. These are weighed and unusual features are noted.

Thumbnail sized sections of tissue are taken from each organ and examined histologically. Samples may be taken for bacteriology, virology, genetic and DNA investigations.

After post mortem the incisions will be closed and won't be visible once the baby is dressed and wearing a hat. In particular, there will be no marks on the baby's face, hands or feet.

Whilst examination of the placenta alone is not an adequate substitute for a detailed post mortem, it is an essential part of the procedure. It acts as a 'black box', giving valuable insight into events during the pregnancy.

Occasionally, parents may be asked to give their authorisation for whole organs, usually the brain, to be retained, for specialist diagnostic investigations, beyond completion of the post mortem. This means that either the baby's burial or cremation is delayed in order to give time for the organ to be returned to the body. Alternatively, the baby can be buried or cremated sooner, without their organ or organs being returned to their body. If parents do

choose a more in depth examination, they are able to change their mind at any time and ask for the organ to be returned.

A full post mortem examination is likely to reveal the most information about why a baby may have died. However, there are other options. These include limiting the post mortem examination solely to a baby's head, chest or abdomen, or a combination of these three. Alternatively, a non-invasive external examination or virtual post mortem, using MRI, can be performed. Before talking to parents it is important to establish the availability of these options.

Post mortem examinations are usually performed within two working days. Before speaking to parents, it may be helpful for you to liaise with your pathology department about the expected time frame. Babies can be taken home with their family before an authorised hospital post mortem, perhaps overnight. Parents should be given a cold cot, to preserve the condition of their baby's body.

Babies can also be seen and/ or taken home after a post mortem. If there has been a delay in carrying out the procedure it may be wise to warn parents that the baby's skin will be discoloured and perhaps lost from some areas. Also if the brain has been retained and not yet returned to the body, the head may feel lighter, although efforts are made to ensure that this will feel the same.

The final post mortem report will usually be available within 6 to 8 weeks. Parents should have a clear point of contact during this time and must be informed about who will provide them with an explanation of the examination findings. In some hospitals parents may be able to discuss these with the pathologist. Local practice varies, so you should check what happens in your area.

It may be hard to fully engage parents in a discussion about post mortem in the early stages of their loss. It is wise to allow them time with their baby before broaching the subject sensitively. If you are uncomfortable yourself, the parents will sense this, and you may not be the best person to seek authorisation or to explain the procedure. Ask one of your colleagues for support.

Discussing a post mortem examination after a stillbirth or neonatal death may feel daunting but it is important. A post mortem examination is the study of the dead for the living.

The film was produced in March 2016 and can be found at www.sad.scot.nhs.uk or <https://vimeo.com/187025288>

For more information visit www.sad.scot.nhs.uk or contact supportarounddeath@nes.scot.nhs.uk