

Perinatal post-mortem investigative pathway

1. Mother miscarries, baby is stillborn, or the pregnancy is terminated for medical reasons in the 2nd or 3rd trimester of pregnancy, or neonatal death occurs

2. Different types

Trained healthcare professional provides bereavement support to parents and a face-to-face discussion takes place offering appropriate investigative post-mortem (PM)/examination to uncover further information and provide better understanding of why their baby died. Parents given information about:

- PM investigations and the tests usually included;
- that it is the consultant pathologist who will determine the extent of the PM examination and that if it is felt that a more focussed examination can adequately answer the questions raised, the examination may not include some of the components. This depends on the specific features and history for each patient and is at the discretion of the consultant pathologist. The pathologist should not perform more extensive investigations than the parents have agreed to;
- likely timescales for the investigations being carried out and receiving the results;
- where the baby will be taken for the PM and how they will be transferred and cared for. Ideally, consent should be taken from mother and father/partner. Both should sign the Consent Form, if possible. Should they disagree, the mother's wishes should be respected.

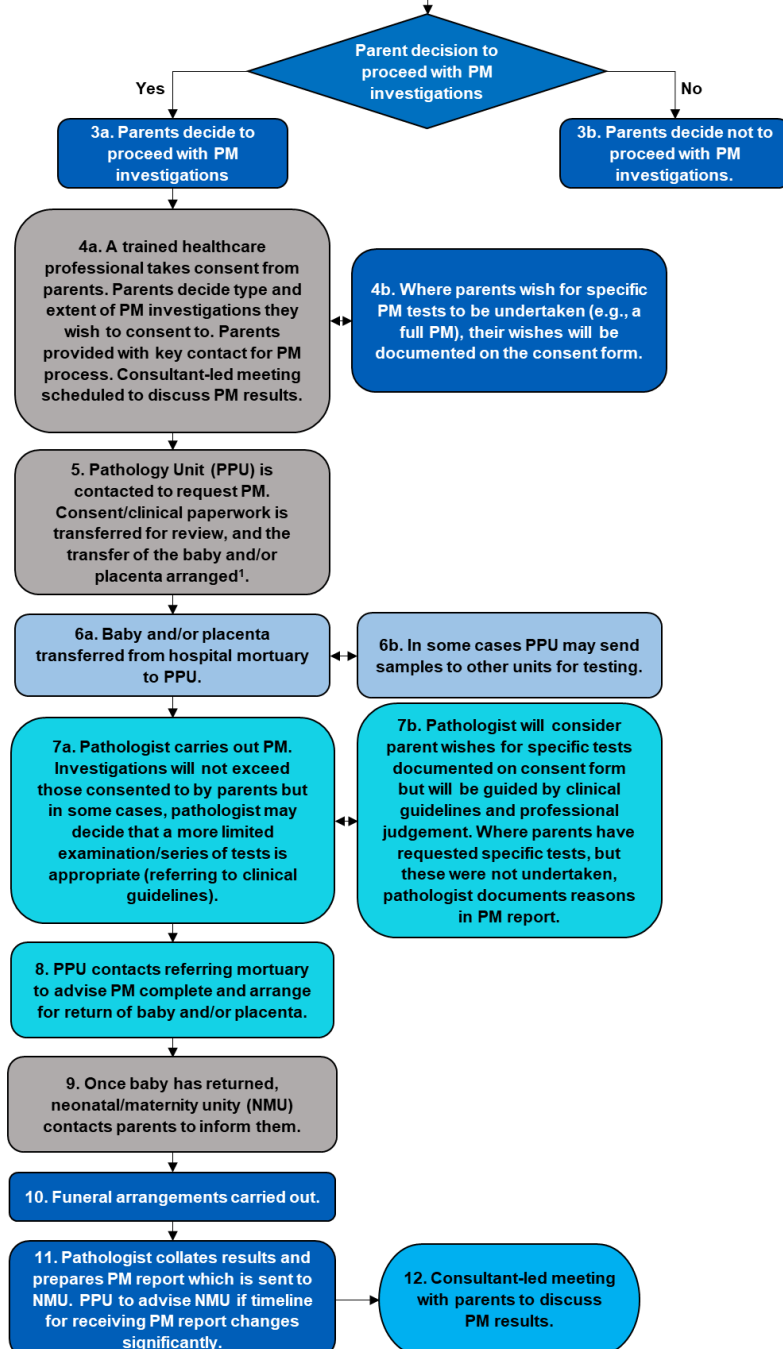
Enter and exit pathway

Hospital caring for mother/baby– includes Neonatal/Maternity Unit (NMU), bereavement services and mortuary teams

Parents

Transfer

Pathologist/Perinatal Pathology Unit (PPU)



Parents should be provided with a key contact for queries about the PM, the process, including information about the baby's whereabouts (including any transfer to other Units, especially if this is a different location to previously advised)

¹ At this point in the pathway NHS England mutual aid process may be accessed depending on available capacity.