Aim:
To develop an understanding of the documentation required surrounding a perinatal death.

Objectives:
Following completion of this module, you will be able to:

1. Identify legal documentation required following a perinatal death.
2. Identify other documentation that may be required following a perinatal death.
3. Identify documentation required when a baby is born less than 20 weeks gestation.

Documentation requirements vary according to the baby's gestational age and individual needs including examination requirements and funeral arrangements. [1]

There are a number of reporting requirements and audit activities for perinatal deaths. One clinical incident may give rise to several reporting requirements. [2]

Registration Definitions

Stillbirth (fetal death)
Death prior to birth at a gestation of 20 or more completed weeks or a birthweight of more than 400gms. [3]

Neonatal death
Death of a liveborn baby within 28 days of life. Irrespective of the gestation, breathing or showing evidence of life, such as beating of the heart, umbilical cord pulsation or definite movement of voluntary muscles is considered a liveborn. An apparently stillborn baby who has any signs of life (any heartbeat) is considered liveborn, even if it is not successfully resuscitated. [3]
Various authorities are involved in the reporting and auditing of perinatal deaths, including:

**Unit Level**
- Obstetric case reviews.
- Perinatal Death Committee.
- AIMS.

**State**
- Sentinel events review.
- Perinatal Infant Mortality Committee (PIMC) [WA].
- Western Australian Review of Mortality (WARM) [WA].
- Coronial Investigations.

**National** - National Perinatal Statistics Unit (NPSU); Australian Bureau of Statistics (ABS)

Where a stillbirth or neonatal death has occurred, the usual birth documentation is required:

- Midwives Notification detailing pregnancy, labour and birth details (labour and birth summary - birth reporting documentation).
- Birth Registration forms (Registry of Births, Deaths & Marriages [WA]).
- Claim for Bereavement Payment (Commonwealth Centrelink form).

These forms are completed by the parents with assistance (if required) by a Social Worker or the Family Assistance Office, Tel: 13 61 50 (bereavement claim).
Perinatal Loss elearning documentation section

Statutory laws require reporting of stillbirths and neonatal deaths to the Executive Director of Public Health (EDPH) [WA], and the reporting of some neonatal deaths to the Coroner. [2]

Statutory requirements for all perinatal deaths [WA] include:

- Medical Certificate of Cause of Stillbirth or Neonatal death.
- Perinatal deaths beyond 26wks gestation are investigated by the PIMC[WA].

Additional requirement for all perinatal deaths [WA] is:

- Death in Hospital Form.

The Medical Certificate of Cause of Stillbirth OR Neonatal Death for the Executive Director of Public Health is to be completed by, or under the supervision of the senior doctor responsible for care. [3]

Click the following link to access the Medical Certificate of Cause of Stillbirth or Neonatal Death [WA].

![Medical Certificate]

The original Medical Certificate of Cause of Stillbirth or Neonatal Death is transported with the baby to Perinatal Pathology Department (KEMH,[WA]) OR directly to the nominated (by parent/s) funeral director, and forwarded to Registrar of Births, Deaths and Marriages (BDM).

This form is then converted to a Death Certificate.
The Death in Hospital form supports the WARM process [WA]. This form arose from a commitment of WA Health to review all inpatient deaths. The use of this form ensures appropriate reporting of deaths, the systematic review of inpatient deaths and appropriate recommendations to reduce preventable deaths in WA. [2]

Click the following link to access the Death in Hospital form. (KEMH) [WA]

Death in Hospital form

The Death in Hospital (DIH) form may be completed by medical or midwifery/nursing staff. This form is then filed in the maternal medical record (stillbirth) or the baby’s record (neonatal death). The DIH form is also used to notify deaths to the Coroner.

Click the link to access the WARM website for more information on WARM guidelines.

Additional forms that may be required following a perinatal death [WA] include:

- Certificate of Medical Practitioner (for Cremation, Form 7) [WA].
- Consent for Cremation (HPF 345) [WA]
- Consent for Postmortem examination (MR 236) [WA].
- Permission to Transport Deceased Baby (MR 295.95) [KEMH].
- AIMS and/or Sentinel Events Forms (if relevant).
If the parent/s have requested a cremation the requirements are:

- Certificate of Medical Practitioner (Form 7 - required under Cremation laws).
- Consent for Cremation-Stillborn Baby <28 weeks gestation.

Click the following link to access Certificate of Medical Practitioner (for Cremation - Form 7 [WA]).

Even if the parent/s have declined cremation it is recommended the Certificate of Medical Practitioner (Form 7 [WA]) is completed as parent/s may change their mind/s.

Click the following link to access Consent for Cremation of Stillborn Baby (HPF345 [WA]).

These forms must accompany the baby on transfer to Perinatal Pathology Department (KEMH [WA]) OR the nominated Funeral Director.

Public hospitals [WA] have a policy of reporting and investigating incidents of clinical management that may have led to patient harm, using the Advanced Incident Management System (AIMS). This system is a recognised quality assurance (QA) activity.

Clinical incidents are defined as:

..."an event or circumstance resulting from health care which could have, or did lead to unintended harm to a person, loss or damage, and/or a complaint". Clinical incidents include: near misses (may have but did not cause harm), and adverse events (harm resulted to a person-death, disease, injury).

Click the following link to access an example AIMS Form.
In addition to AIMS reporting, some serious incidents are classified as **Sentinel Events**, and are reported to the Chief Medical Advisor, as a **Mandatory** requirement [WA]. [2]

**Sentinel Events are:**

Rare, preventable clinical incidents that lead to, or can lead to serious patient outcomes including death.

**Reportable obstetric incidents are:**

Maternal death or serious morbidity in a low risk pregnancy associated with labour or delivery, occurring within 42 days post delivery. Excludes deaths from pulmonary or amniotic embolism, acute fatty liver of pregnancy or cardiomyopathy.

**Reportable neonatal incidents are:**

Infant discharged to the wrong family or infant abduction.
Unexpected death or serious disability reasonably believed to be preventable.

Click the following link to access Sentinel Events information.

**Sentinel events**

**Algorithm**
One sentinel event may give rise to several different reporting requirements.

Click the following link to access Clinical Incidents information.

[Link to Clinical Incident Reporting]

Deaths reported under the AIMS process ensures qualified legal privilege and supports the investigation of clinical incidents.

Click the following link to access information on Qualified Privilege.

[Link to Qualified Privilege]
Parental consent is legally required for a non-coronal postmortem examination on a baby greater than 20 weeks gestation.

Click the following link to access KEMH [WA] Consent for Postmortem Examination.

The postmortem consent is transported with the baby to Perinatal Pathology (KEMH [WA]).

A pathology request form is required to undertake histopathology examination of the placenta if a postmortem examination is declined [WA].

The Permission to Transport Deceased Baby form may be used if the parents wish to transport their baby (KEMH [WA]).

Click the following link to access Permission to Transport Deceased Baby (KEMH [WA]).

One copy is given to the parent/s, the other is filed in the medical records.

It is important to document arrangements for return of the baby.

Alternatively a letter should be provided.
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Babies born less than 20 weeks gestation require specific documents if:

- The baby was born alive (birth registration).
- A postmortem examination is requested.
- A cremation is requested.

Specific forms are available to obtain informed consent for examination and cremation of babies less than 20 weeks gestation. They are:

- Consent for Pathology Examination - Stillborn Baby < 20 weeks (HPF1480) [WA].
- Consent for Cremation - Stillborn Baby < 28 weeks (HPF345) [WA].
- Placental histopathology form.

Perinatal Pathology (KEMH [WA]) prefer these forms be used.

Click the following link to access Consent for Pathology Examination and Consent for Cremation [WA].

[Consent for pathology]

[Conservation consent]
Alternatively, consent may be obtained by:
- A suitably amended Postmortem Consent Form (MR 236).
- A suitably amended PathWest Pathology Request Form.

The following minimum information is required if a PathWest form is used:
- Name of the person giving consent.
- Name and signature of person recording the consent (doctor, nurse, midwife, postmortem coordinator or other professional person competent to explain the purpose of consent).
- Date and time of the discussion.
- Confirmation that informed consent for postmortem has been sought and given by the parent/s.

The following summarises documents required for all perinatal deaths:

<table>
<thead>
<tr>
<th>Document</th>
<th>Completed by:</th>
<th>Sent to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Certificate of Cause of Stillbirth or</td>
<td>Completed by Doctor in</td>
<td>Registrar of Births, Deaths and</td>
</tr>
<tr>
<td>Neonatal Death (BDM 201)</td>
<td>attendance</td>
<td>Marriages</td>
</tr>
<tr>
<td>Registration of Birth Form</td>
<td>Mother (detail by Midwife)</td>
<td>Registrar of Births, Deaths and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marriages</td>
</tr>
<tr>
<td>Bereavement Claim Form</td>
<td>Mother (detail by Midwife)</td>
<td>Centrelink</td>
</tr>
<tr>
<td>Death in Hospital Form [WA(MR 001)]</td>
<td>Clinician in attendance</td>
<td>Filed in Medical Record</td>
</tr>
</tbody>
</table>
# Perinatal Loss elearning documentation section

The following documents *MAY* be required:

<table>
<thead>
<tr>
<th>Document</th>
<th>Completed by</th>
<th>Sent to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of Medical Attendant for Cremation (Form 7)</td>
<td>Doctor in Attendance</td>
<td>Original with body to Funeral Director</td>
</tr>
<tr>
<td>Consent For Postmortem (MR 236) [Baby &gt; 20wks]</td>
<td>Clinician in Attendance</td>
<td>Perinatal Pathology with baby</td>
</tr>
<tr>
<td>Consent for Cremation of Stillborn Baby &lt;28 weeks gestation (HPF 345)</td>
<td>Staff in Attendance [Chaplain, Social Worker, Doctor, Midwife, Nurse]</td>
<td>Perinatal Pathology with baby</td>
</tr>
<tr>
<td>Consent for Pathology Examination Fetus &lt;20 wks gestation</td>
<td>Clinician in Attendance</td>
<td>Perinatal Pathology with baby</td>
</tr>
<tr>
<td>Permission to Transport Deceased Baby (MR 295.95)</td>
<td>Consultant Obstetrician/Midwife Coordinator</td>
<td>Original to accompany baby (with parents), copy to maternal medical record</td>
</tr>
<tr>
<td>Laboratory Request for Pathology</td>
<td>Doctor in Attendance</td>
<td>Perinatal Pathology with pathology tests/baby if no pm form available</td>
</tr>
</tbody>
</table>

Each case must be accompanied by ALL documentation before any examinations can take place. [1]

Click the following link to access a table summarising the required documentation. [1]

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Summary

Documentation Summary

Karjini WA
You have now completed the Documentation Module

Click the link to view the references for this module.

References

Close this module by clicking the icon and access the next module from the web page.