
Australian and
New Zealand

Clinical Practice Guideline for Perinatal Mortality Audit

The Perinatal Mortality Group of the Perinatal Society of Australia and New Zealand in collaboration with the Australian and New Zealand Stillbirth Alliance.

The Mater Mothers' Research Centre (previously Centre for Clinical Studies), Mater Health Services, Brisbane.

The Perinatal Society of Australia and New Zealand; Royal Australian and New Zealand College of Obstetricians and Gynaecologists; SIDS and Kids Queensland; Stillbirth and Neonatal Death Support Group (SANDS) Queensland (QLD); and Mater Health Services, Brisbane, Queensland.

Perinatal Society of Australia and New Zealand; Australian and New Zealand Stillbirth Alliance; Royal Australian and New Zealand College of Obstetricians and Gynaecologists; Australian College of Midwives Incorporated; SIDS and Kids; SANDS (QLD); Australian College of Neonatal Nursing (previously Australian Neonatal Nursing Association); Bonnie Babes Foundation; Stillbirth Foundation Australia.

This guideline should be cited as:
Flenady V, King J, Charles A, Gardener G, Ellwood D, Day K, McC

TABLE OF CONTENTS

(v)-2.9898254193119 655.199 6390.9 8419402 4.80078 re f 1485.6 6599.7 4.419402 .69922 re f 1490.4 6599.7 33419402 4.922 re f

SECTION 1 OVERVIEW AND SUMMARY OF RECOMMENDATIONS

1.1 Introduction

In acknowledging the importance of developing a systematic approach to the audit and review of perinatal deaths in Australia and New Zealand (ANZ) and the need to support audit and research activities aimed at reducing perinatal death, the Perinatal Society of Australia and New Zealand (PSANZ)[1-3] endorsed the establishment of the Perinatal Mortality Group (PSANZ-PMG)[4] in March 2003. The establishment of this group was the culmination of collaborative efforts of members of the PSANZ over many years. The first major activity of the PSANZ-PMG was the development of a classification system for perinatal deaths. The PSANZ Perinatal Death and Neonatal Death Classifications[5] have been developed and are in use across Australia and some jurisdictions in New Zealand (***Please see Section 7 Perinatal Mortality Classifications*** of the guideline for further details). The development of this guideline is the second major activity of the PSANZ-PMG.

In 2007, the Department of Health and Ageing, Canberra provided seed funds to establish the Australian and New Zealand Stillbirth Alliance (ANZSA) to address the problem of stillbirth. One of the key objectives of ANZSA is to assist in the implementation of the PSANZ guidelines for perinatal mortality audit. ANZSA is working with the PSANZ-PMG to achieve this objective through the establishment of

- implementation of action required based on these recommendations;
- provision of a confidential case summary to the relevant agency within the jurisdiction's Health Department; and
-

A process of feedback to clinicians needs to be in place so that individual practices and hospital policy can be improved as a result of the review process. This includes standards in relation to perinatal mortality investigation, documentation and communication.

A follow-up consultation service should be provided for all parents following a perinatal death.

1.7.2 Section 3: Psychological and social aspects of perinatal bereavement

For baby: deceased baby to be treated with same respect as live baby
For parents: parents need to feel supported and in control; death validated
Cultural/religious practices: different approaches to death and rituals respected

(ii) Provision of information

Timing of information: allow plenty of time to discuss issues at most appropriate time
Delivery of information: clear, honest and sensitive. Repeat important information. Ensure both parents are present Mode of information: fact sheet/written information given for frequent reference Withdrawal of support: parents given prognostic information to reach decision
Terminology: parent friendly language. Do not use terms such as fetus Post-mortem Examination: verbal and written information given. Allow time for discussion

(iii) Birth options

Timing: ascertain appropriate time to discuss birth options following determination of a fetal death in utero or abnormalities
Mode of delivery: benefits of birthing options given

(iv) Time

Parents are given time to make decisions

SBF	Stillbirth Foundation Australia
BBF	Bonnie Babes Foundation

*second edition of the Guideline only.

Member	Profession & Organisation	WP Sub-group
Dr Glenn Gardener	Maternal Fetal Medicine Specialist, Mater Mothers' Hospital, Mater Health Services, QLD. Research and Clinical Practice & Education Committees, ANZSA.	Investigation of a stillborn infant
Deborah Harris	Nurse Practitioner, Neonatology, Newborn Intensive Care, Waikato Hospital	Classification Investigation of neonatal deaths
Dr Ross Haslam	Director, Neonatal Intensive Care Unit, Women's and Children's Hospital, SA	Investigation of neonatal deaths
Dell Horey	Editor, Cochrane Consumers & Communication Group, Carlton, VIC	Psychological and social aspects of perinatal bereavement Perinatal post-mortem examination
Heather Jeffery	Professor International Maternal and Child Health, School of Public Health, University of Sydney and RPA Newborn Care, Royal Prince Alfred Hospital, Sydney, NSW. NSW Regional Coordinator, Co-Chair Clinical Practice & Education Committee, ANZSA.	Overall consultation Neonatal Death Classification
Belinda Jennings	Midwifery, King Edward Memorial Hospital, Bagot Road, SUBIACO, WA. Clinical Practice & Education Committee, ANZSA. Board Member, ISA.	Overall consultation
Alison Kent	Neonatalologist, Dept of Neonatology, Centre for Newborn Care, The Canberra Hospital, ACT	Investigation of neonatal deaths
James King (Chair)	Clinical Perinatal Epidemiologist, Royal Women's Hospital, Melbourne, VIC. Founding Chair, ANZSA.	All sections
Prof Lesley McCowan	Maternal Fetal Medicine Specialist, National Women's Hospital, Auckland, New Zealand. Research Committee, ANZSA.	Investigation of a stillborn infant
Kassam Mahomed	Senior Staff Specialist, Obstetrics, Ipswich Hospital, QLD. Clinical Practice & Education Committee, ANZSA.	Overall consultation
Dr Diane Payton	Paediatric and Perinatal Pathologist, Royal Brisbane and Women's Hospital, QLD.	Perinatal post-mortem examination

Member	Profession & Organisation	WP Sub-group
Ros Richardson	Health Promotion Manager, SIDS and Kids, NSW. Co-Chair Public Awareness & Health Promotion Committee, ANZSA.	Psychological and social aspects of perinatal bereavement Perinatal post-mortem examination
Dr Christine Roberts	Epidemiologist, Research Director, Centre for Perinatal Health Services Research, Sydney, NSW	Perinatal mortality classification
Prof. David Tudehope	Neonatologist, Director of Neonatology, Mater Mothers' Hospital, Mater Health Services, QLD.	Investigation of neonatal deaths
Trish Wilson	Clinical Midwife - Perinatal Bereavement Support Program.	

The following guideline web sites were searched in March 2008 for existing perinatal mortality audit guidelines:

Web site name/Organisation name	Web site address/URL
Alberta Medical Association, Canada	http://www.albertadoctors.org/home
American College of Obstetrics and Gynecology	http://www.acog.com/
Association of Women's Health, Obstetric and Neonatal Nurses	http://www.awhonn.org/awhonn
Australian Government, Department of Health & Ageing: Safety & Quality in Health Care	http://www.health.gov.au
Australian Government, National Health & Medical Research Council	http://www.nhmrc.gov.au
British Columbia Perinatal Care Program,, Canada	http://www.bcphp.ca/Perinatal%20Mortality%20Guidelines.htm
Canadian Paediatric Society	http://www.cps.ca/english/publications
Canadian Task Force On Preventive Health Care: Evidence-Based Clinical Prevention	http://www.ctfphc.org/
Confidential Enquiry into Maternal and Child Health (CEMACH)	http://www.cemach.org.uk/Publications.aspx

Levels of evidence

As defined by "A guide to the development, implementation and evaluation of clinical practice guidelines"[23] http://www.nhmrc.gov.au/publications/synopses/cp30syn.htm

Level I evidence obtained from a systematic review of all relevant randomised controlled trials.

Level II evidence obtained from at least one properly designed randomised controlled trial.

Level III-1 evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method).

Level III-2 evidence obtained from comparative studies wi

Section 1; Appendix 2 Glossary of terms / abbreviations

ABS
Australian Bureau of Statistics.

ACMI
Australian College of Midwifes Incorporated.

ACNN
Australian College of Neonatal Nurses.

AETIOLOGY
The science of causes, especially of disease.

AMNION
A thin but tough extraembryonic membrane of reptiles, birds and mammals that lines the chorion and contains the foetus and the amniotic fluid around it, in mammals it is derived from trophoblast by folding or splitting.

AMNIOTIC FLUID
The fluid that surrounds the developing foetus within the amniotic sac. This environment cushions the

Extraembryonic membrane surrounding the embryo of amniote vertebrates. The outer epithelial layer of the chorion is derived from the trophoblast.

CHROMOSOME ANALYSIS (KARYOTYPE)
A picture of the chromo

FASTING BLOOD GLUCOSE
A method for finding out how much glucose (sugar) is in the blood. The test can show if a person has diabetes.
FBS
Fetal blood sampling. This is a test performed in labour to obtain a capillary blood sample from the baby to check for well-being.

FETAL GROWTH RESTRICTION (FGR)
This is a term often used interchangeably with the term 'small for gestational age' (SGA). SGA is defined as a baby/fetus with antenatal ultrasound biometry assessment less than the 10th centile for gestational age according to National birthweight centiles. FGR strictly refers to babies that have failed to reach their growth potential during pregnancy. They are frequently but not always SGA. FGR is defined antenatally by an estimated fetal weight or serial antenatal ultrasound evidence of growth restriction or growth arrest and at birth a birthweight below the 10th centile using the National birthweight centiles. Ideally FGR should be defined according to the infant's individ

HISTOPATHOLOGY
This is the science concerned with the study of microscopic changes in diseased tissues.

INFANT DEATH
Death in the first year following live birth; on or before the 365th day of life (366th in a leap year).

INFANT MORTALITY RATE
See Mortality Rates.

INTERMITTENT AUSCULTATION
Listening to the fetal heart at regular intervals between contractions.

INTRAPARTUM DEATH
Fetal death during labour. If a baby is born without signs of life, but also without maceration (the skin