

Post Mortem Examination of your Baby

An information guide



Post Mortem Examination of your Baby

Please accept our sincere condolences for the loss of your baby.

This leaflet explains why you may be asked to give your consent to a post mortem examination at such a distressing time and outlines the procedure.

We appreciate that you may not want to be given a lot of details at the moment, but the midwife or doctor caring for you is available to answer any questions you may have, and to take you through the consent procedure step by step.

What is a post mortem?

A post mortem, also known as an autopsy, is an important medical examination that aims to find out more about your baby's death.

It cannot take place without the permission of the next of kin unless the coroner is involved. Post mortems also have wider implications by helping the medical profession to continue to learn about new conditions or treatments.

Whilst the main aim is to find out how and why your baby has died, unfortunately it may not always give you all the answers. There are many occasions when we will never know why a baby has died.

When do post mortems take place?

As soon as possible, usually within two or three working days. It may be possible to arrange it within 24 hours if necessary.

Who carries out post mortems?

Specially trained doctors (pathologists) working at the Royal Manchester Children's Hospital. As the post mortem is carried out at another hospital, there will be a slight delay with the funeral arrangements.

What is involved?

A thorough examination of each of the main body systems, including the brain and all the contents of the chest and abdomen. It will include the removal and retention of small tissue samples for examination under the microscope.

Whole organs, such as the heart or lungs are not retained and are placed back in your baby's body after examination.

Small blocks of tissue and corresponding microscope slides will be kept permanently in the hospital pathology laboratory and will form part of the medical records. In some cases tissue may need to be temporarily retained for the preparation of blocks and slides – you will be told if this is the case.

What happens to the tissue that is kept for further examination?

If any tissue had to be retained after the post mortem for further examination, these can be returned to you or to the funeral director, or we can dispose of them sensitively for you.

Some families choose to have the tissue samples stored for the future. This can be a useful thing to do as new genetic tests or investigations become available all the time.

If tissue samples have been retained, it is sometimes possible to diagnose new conditions in cases in which they were previously undiagnosed.

** More information about the retention of tissue and organs can be found in the section 'Explanation of Terms'.

What happens afterwards?

If you wish, you will be able to see your baby's body again after the post mortem, before proceeding with your funeral arrangements.

Usually the results of the examination will be available within about four months. An appointment will be made for you and your

partner to discuss the findings with the consultant as soon as the results are available.

What happens if I do not agree to a post-mortem?

You are under no obligation to agree to a post-mortem. Unless the Coroner is involved, it cannot take place without your permission.

What happens if I am unsure if I want a post-mortem?

Even if you agree initially to a post-mortem but you are unsure, there will always be a cooling off period so you can give it more thought. The post-mortem can be delayed for an agreed time up to 48 hours.

You will be given contact numbers should you change your mind, however the pathologist will go ahead with the postmortem after this agreed time if we do not hear from you.

Ongoing help and support

Before you leave hospital, you will be given an information package from SANDS (Stillbirth and Neonatal Death Charity), including the dates and times of local support group meetings and activities.

You can also find more information at:

www.uk-sands.org

www.childbereavement.org.uk

Explanation of terms

The most common words and terms used to describe what happens in a post mortem examination are explained here.

It is important that you understand exactly what is involved before you give your consent to a post mortem. If there is anything you are not sure of or don't understand, please don't hesitate to ask.

Audit

This is about checking standards of care and service. Some separate testing of tissue is needed to make sure that the standards of testing are of a high quality.

Some tissue samples are needed as a control against diagnostic tests, or to check on standards in a hospital pathology service.

Education (medical education, teaching and training)

Examining tissue is one of the most important ways in which doctors learn about illness and how to treat it.

Post mortem (autopsy)

A post mortem examination is a medical examination after someone's death. It cannot take place without the legal agreement of the next of kin unless the coroner is involved.

A post mortem examination is performed by a pathologist, who is a specially trained doctor with the help of technical staff.

Full post mortem examination

A full post mortem examination involves examination of each of the main body systems including the brain and all of the chest and abdomen.

It will normally include the removal and retention of small tissue samples for examination with a microscope.

Limited post mortem examination

If you wish, a post mortem can be limited to one body cavity (for example, the chest) or organ system (for example, the lungs). This may not provide all possible information about the disease or cause of death.

Tissue

A collection of human tissue cells specialised to perform a particular function. Organs contain tissue.

For example, the heart contains muscle tissue composed of cells that contract to pump the blood around the body. In addition, it also includes blood vessels, fat and nerves.

Diagnostic use of tissue and diagnostic tests

This is when tissue samples are examined to find out as clearly as possible what was wrong with the baby before he or she died.

Looking at tissue with a microscope can identify diseases that could not be seen in any other way, including those caused by genetic disorders.

Tissue samples, blocks and slides

To understand an illness or cause of death properly, the doctor needs to look at part of the affected tissue under the microscope.

To do this, small samples of tissue are taken from the organ (usually about 1cm across and 5 mm thick). These samples are made into hard blocks using wax.

From these, very thin sections (10 times thinner than human hair) can be cut off. They are placed on glass slides so that they can be examined under a microscope. More than one section can be cut from one block.

Fixing

Preparation of tissue for further testing, by preserving with chemicals.

Retaining or retention of tissue

Sometimes samples are kept after the post mortem examination in order to reach a diagnosis.

The reason for this is that the tissue may need to undergo preparation before it can be examined. Preparation may take several days and sometimes many weeks.

Further help and advice

www.uk-sands.org (SANDS, the Stillbirth & Neonatal Death Charity)

www.childbereavement.org.uk

www.miscarriageassociation.org.uk

www.bliss.org.uk (the special care baby charity)

www.arc-uk.org (ARC Antenatal results and choices)

www.hta.gov.uk (HTA-Human Tissue Authority)

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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