

APPENDIX J - PERINATAL MORTALITY CLASSIFICATIONS – QUICK REFERENCE SHEET

PSANZ-PDC		
<p>1 Congenital Anomaly</p> <p>1.1 Structural anomaly</p> <p>1.11 Nervous system</p> <p>1.12 Cardiovascular system</p> <p>1.13 Genitourinary system</p> <p>1.14 Gastrointestinal system</p> <p>1.15 Musculoskeletal</p> <p>1.151 Congenital diaphragmatic hernia</p> <p>1.152 Gastroschisis/omphalocele</p> <p>1.16 Respiratory system (include congenital pulmonary airway malformation (CPAM))</p> <p>1.17 Haematological</p> <p>1.18 Multiple Congenital anomaly (no chromosomal/genetic cause or not tested)</p> <p>1.19 Other congenital abnormality</p> <p>1.192 Idiopathic hydrops fetalis</p> <p>1.193 Fetal tumour (include sacro-coccygeal teratoma)</p> <p>1.198 Other specified</p> <p>1.199 Congenital anomaly, unspecified</p> <p>1.2 Chromosomal anomaly</p> <p>1.21 Down syndrome (trisomy 21)</p> <p>1.22 Edward syndrome and Patau syndrome (trisomy 18, trisomy 13)</p> <p>1.23 Other trisomies and partial trisomies of the autosomes, not elsewhere classified (includes pathogenic duplications, unbalanced translocations and insertions)</p> <p>1.24 Monosomies and deletions from the autosomes, not elsewhere classified (includes pathogenic deletions e.g. 22q11.2 deletion syndrome (diGeorge syndrome), Wolff-Hirschorn syndrome, Cri-du-chat syndrome)</p> <p>1.25 Turner syndrome (monosomy X)</p> <p>1.26 Other sex chromosome abnormalities (e.g. Klinefelter syndrome)</p> <p>1.28 Other chromosomal abnormalities, not elsewhere specified (includes Fragile X syndrome, imprinting syndromes, triploidy)</p> <p>1.29 Unspecified</p> <p>1.3 Genetic anomaly</p> <p>1.31 Genetic condition, specified (e.g. Tay-Sachs disease; includes inborn errors of metabolism)</p> <p>1.32 Syndrome/association with demonstrated chromosomal/gene anomaly.</p> <p>1.39 Genetic condition, unspecified</p> <p>2 Perinatal Infection</p> <p>2.1 Bacterial</p> <p>2.11 Group B Streptococcus</p> <p>2.12 E coli</p> <p>2.13 Listeria monocytogenes</p> <p>2.14 Spirochaetal e.g. Syphilis</p> <p>2.18 Other bacterial</p> <p>2.19 Unspecified bacterial</p> <p>2.2 Viral</p> <p>2.21 Cytomegalovirus</p> <p>2.22 Parvovirus</p> <p>2.23 Herpes simplex virus</p> <p>2.24 Rubella virus</p> <p>2.25 Zika virus</p> <p>2.28 Other viral</p> <p>2.29 Unspecified viral</p> <p>2.3 Protozoal e.g. Toxoplasma</p> <p>2.5 Fungal</p> <p>2.8 Other specified organism</p> <p>2.9 Other unspecified organism</p> <p>3 Hypertension</p> <p>3.1 Chronic hypertension: essential</p>	<p>3.2 Chronic hypertension: secondary, e.g. renal disease</p> <p>3.3 Chronic hypertension: unspecified</p> <p>3.4 Gestational hypertension</p> <p>3.5 Pre-eclampsia</p> <p>3.6 Pre-eclampsia superimposed on chronic hypertension</p> <p>3.9 Unspecified hypertension</p> <p>4 Antepartum Haemorrhage (APH)</p> <p>4.1 Placental abruption</p> <p>4.2 Placenta praevia</p> <p>4.3 Vasa praevia</p> <p>4.9 APH of undetermined origin</p> <p>5 Maternal Conditions</p> <p>5.1 Termination of pregnancy for maternal psychosocial indications</p> <p>5.2 Diabetes</p> <p>5.21 Gestational diabetes</p> <p>5.22 Pre-existing diabetes</p> <p>5.3 Maternal injury</p> <p>5.31 Accidental</p> <p>5.32 Non-accidental</p> <p>5.4 Maternal sepsis</p> <p>5.5 Antiphospholipid syndrome</p> <p>5.6 Obstetric cholestasis</p> <p>5.8 Other specified maternal conditions</p> <p>5.31 Maternal suicide</p> <p>5.32 Other specified maternal medical or surgical conditions</p> <p>6 Specific Perinatal Conditions</p> <p>6.1 Monochorionic twins</p> <p>6.11 Twin to twin transfusion syndrome (TTTS)</p> <p>6.12 Selective fetal growth restriction (FGR) (i.e. affecting only one twin)</p> <p>6.13 Monoamniotic twins (including cord entanglement)</p> <p>6.18 Other</p> <p>6.19 Unknown or unspecified</p> <p>6.2 Dichorionic twins</p> <p>6.21 Early fetal death in a multiple pregnancy (<20 weeks gestation)</p> <p>6.22 Selective fetal growth restriction (FGR)</p> <p>6.28 Other</p> <p>6.29 Unknown or unspecified</p> <p>6.3 Complications of higher order multiples (3 or more fetuses)</p> <p>6.31 Twin to twin transfusion syndrome (TTTS)</p> <p>6.32 Selective fetal growth restriction (FGR)</p> <p>6.33 Monoamniotic multiples (including cord entanglement)</p> <p>6.34 Early fetal death in a multiple pregnancy (<20 weeks gestation)</p> <p>6.38 Other</p> <p>6.39 Unknown or unspecified</p> <p>6.4 Complications where chorionicity is unknown</p> <p>6.8 Other</p> <p>6.9 Unspecified</p> <p>7 Specific perinatal conditions</p> <p>7.1 Fetomaternal haemorrhage</p> <p>7.2 Antepartum cord or fetal vessel complications (excludes monochorionic twins or higher order multiples)</p> <p>7.21 Cord vessel haemorrhage</p> <p>7.22 Cord occlusion (True knot with evidence of occlusion or other)</p> <p>7.28 Other cord complications</p> <p>7.29 Unspecified cord complications</p> <p>7.3 Uterine abnormalities</p> <p>7.31 Developmental anatomical abnormalities (e.g. bicornuate uterus)</p> <p>7.38 Other</p> <p>7.39 Unspecified</p> <p>7.4 Alloimmune disease</p> <p>7.41 Rhesus isoimmunisation</p> <p>7.42 Other red cell antibody</p>	<p>7.43 Alloimmune thrombocytopenia</p> <p>7.48 Other</p> <p>7.49 Unspecified</p> <p>7.5 Fetal antenatal intracranial injury</p> <p>7.51 Subdural haematoma</p> <p>7.52 Fetal antenatal ischaemic brain injury</p> <p>7.53 Fetal antenatal haemorrhagic brain injury</p> <p>7.6 Other specific perinatal conditions</p> <p>7.61 Complications of antenatal, diagnostic or therapeutic procedures:</p> <p>7.611 Complications of prenatal diagnostic procedures (e.g. amniocentesis, chorionic villus sampling,) (e.g. rupture of membranes after amniocentesis)</p> <p>7.612 Complications of fetal ultrasound guided needle interventions (e.g. FBS/fetal transfusion, thoracocentesis, vesicocentesis, fetal cardiac valvoplasty, division of amniotic bands, fetal skin biopsy, unipolar/bipolar diathermy, RFA procedures)</p> <p>7.613 Complications of fetal shunt interventions (e.g. pleuroamniotic shunt, vesicoamniotic shunt)</p> <p>7.614 Complications of minimally invasive fetoscopic interventions (e.g. fetoscopic laser surgery for TTTS, FETO for CDH, laser ablation of posterior urethral valves)</p> <p>7.615 Complications of open maternal fetal surgery (e.g. open maternal fetal surgery for spina bifida)</p> <p>7.618 Other</p> <p>7.62 Termination of pregnancy for suspected but unconfirmed congenital anomaly.</p> <p>7.63 Amniotic band</p> <p>7.68 Other</p> <p>7.9 Unspecified</p> <p>8 Hypoxic peripartum death</p> <p>8.1 With intrapartum complications (sentinel events)</p> <p>8.11 Uterine rupture</p> <p>8.12 Cord prolapse</p> <p>8.13 Shoulder dystocia</p> <p>8.14 Complications of breech presentation</p> <p>8.15 Birth trauma</p> <p>8.16 Intrapartum haemorrhage</p> <p>8.18 Other</p> <p>8.2 Evidence of significant fetal compromise (excluding other complications)</p> <p>8.3 No intrapartum complications recognised and no evidence of significant fetal compromise identified</p> <p>8.9 Unspecified hypoxic peripartum death</p> <p>9 Placental dysfunction or causative placental pathology</p> <p>9.1 Maternal vascular malperfusion</p> <p>9.2 Fetal vascular malperfusion</p> <p>9.3 High grade villitis of unknown etiology (VUE)</p> <p>9.4 Massive perivillous fibrin deposition/maternal floor infarction</p> <p>9.5 Severe chronic intervillitis (Histiocytic intervillitis)</p> <p>9.6 Placental hypoplasia</p> <p>9.7 No causal placental pathology demonstrated, with antenatal evidence of poor placental function identified (such as abnormal fetal umbilical artery Doppler)</p> <p>9.8 Placental pathological examination was not performed, with antenatal evidence of poor placental function identified (such as abnormal fetal umbilical artery Doppler)</p> <p>9.9 Other placental pathology (e.g. multiple pathologies with evidence of loss of placental function leading to death)</p> <p>10 Spontaneous preterm labour or rupture of membranes (<37 weeks gestation)</p> <p>10.1 Spontaneous preterm</p> <p>10.11 With histological chorioamnionitis</p> <p>10.12 Without histological chorioamnionitis</p> <p>10.13 With clinical evidence of chorioamnionitis, no examination of placenta</p> <p>10.17 No clinical signs of chorioamnionitis, no examination of placenta</p> <p>10.19 Unspecified or not known whether placenta examined</p>

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- 10.2 Spontaneous preterm preceded by premature cervical shortening
- 11 Unexplained antepartum fetal death**
- 11.1 Unexplained antepartum fetal death despite full investigation
- 11.2 Unclassifiable antepartum fetal death with incomplete investigation
- 11.3 Unclassifiable antepartum fetal death due to unknown level of investigation

- 12 Neonatal death without obstetric antecedent**
- 12.1 Neonatal death with no obstetric antecedent factors despite full investigation
- 12.2 Neonatal death unclassifiable as to obstetric antecedent with incomplete investigation
- 12.3 Neonatal death unclassifiable as to obstetric antecedent due to unknown level of investigation

PSANZ-NDC

1 Congenital Anomaly (Please refer to PSANZ PDC)

2 Periviable infants (typically <24 weeks)

- 2.1 Not resuscitated (including infants where there is an antenatal plan for no resuscitation at birth or in the circumstance of re-directed care)
- 2.2 Unsuccessful resuscitation
- 2.9 Unspecified or not known whether resuscitation attempted

3 Cardio-respiratory disorders

- 3.1 Hyaline membrane disease / Respiratory distress syndrome (RDS)
- 3.2 Meconium aspiration syndrome
- 3.3 Primary persistent pulmonary hypertension
- 3.4 Pulmonary hypoplasia
- 3.5 Pulmonary haemorrhage
- 3.6 Air leak syndromes
- 3.61 Pneumothorax
- 3.62 Pulmonary interstitial emphysema
- 3.68 Other
- 3.7 Patent ductus arteriosus
- 3.8 Chronic neonatal lung disease (typically, bronchopulmonary dysplasia)
- 3.9 Other
- 3.91 Neonatal anaemia/hypovolaemia

4 Neonatal infection

- 4.1 Congenital/Perinatal bacterial infection (early onset<48 hrs)
- 4.11 Blood stream infection/septicaemia
- 4.111 Positive culture of a pathogen
- 4.112 Clinical signs of sepsis + ancillary evidence but culture negative
- 4.12 Bacterial meningitis
- 4.13 Bacterial pneumonia
- 4.15 Multiple site bacterial infection
- 4.18 Other congenital bacterial infection e.g. gastroenteritis, osteomyelitis, cerebral abscess
- 4.19 Unspecified congenital infection
- 4.2 Congenital/Perinatal viral infection
- 4.3 Congenital fungal, protozoan, parasitic infection
- 4.4 Acquired bacterial infection (late onset>48hrs).
- 4.41 Blood stream infection/septicaemia
- 4.411 Positive culture of a pathogen
- 4.412 Clinical signs of sepsis + ancillary evidence but culture negative
- 4.42 Bacterial meningitis
- 4.43 Bacterial pneumonia
- 4.48 Other acquired bacterial infection e.g. gastroenteritis, osteomyelitis
- 4.49 Unspecified acquired infection
- 4.5 Acquired viral infection
- 4.6 Acquired fungal, protozoan, parasitic infection

- 5 Neurological**
- 5.1 Hypoxic ischaemic encephalopathy/Perinatal asphyxia
- 5.2 Cranial haemorrhage
- 5.21 Intraventricular Haemorrhage
- 5.22 Subgaleal Haemorrhage
- 5.23 Subarachnoid Haemorrhage
- 5.24 Subdural Haemorrhage
- 5.28 Other intracranial haemorrhage
- 5.3 Post haemorrhagic hydrocephalus
- 5.4 Periventricular leukomalacia
- 5.8 Other

- 6 Gastrointestinal**
- 6.1 Necrotising enterocolitis (NEC)
- 6.2 Short gut syndrome
- 6.3 Gastric or intestinal perforation (excluding NEC)
- 6.4 Gastrointestinal haemorrhage
- 6.8 Other

7 Other

- 7.1 Sudden unexpected death in infancy (SUDI)
- 7.11 Sudden Infant Death Syndrome (SIDS)
- 7.112 SIDS Category IA: Classic features of SIDS present and completely documented.
- 7.113 SIDS Category IB: Classic features of SIDS present but incompletely documented.
- 7.114 SIDS Category II: Infant deaths that meet category I except for one or more features.
- 7.12 Unclassified Sudden Infant Death in the neonatal period
- 7.121 Bed sharing
- 7.122 Not bed sharing
- 7.19 Unknown/Undetermined
- 7.2 Multisystem failure
- 7.21 Secondary to intrauterine growth restriction
- 7.28 Other specified
- 7.29 Unspecified/undetermined primary cause or trigger event
- 7.3 Trauma
- 7.31 Accidental
- 7.32 Non accidental
- 7.39 Unspecified
- 7.4 Treatment complications
- 7.41 Surgical
- 7.42 Medical
- 7.5 Unsuccessful resuscitation in infants of 28 weeks gestation or more without an obvious sentinel event
- 7.8 Other specified

PSANZ ASSOCIATED CONDITIONS

Associated conditions for both stillbirths and neonatal deaths

Categories 1 -11 PSANZ PDC

13 Genetic testing results not diagnostic

- 13.1 Copy number variant of unknown or uncertain significance
- 13.2 No mutation identified matching phenotype
- 13.3 Tested for genetic mutations but failed
- 13.4 Not tested or not known if tested for genetic mutations

14 Associated placental pathology

- 14.1 Delayed villous maturation
- 14.2 Large chorioangioma
- 14.3 Early bleeding often leading to preterm prelabour ROM
- 14.8 Other associated placental pathology

15 Associated cord pathology

- 15.1 True knot (excluding histological evidence of causation)

- 15.2 Hypercoiled cord
- 15.3 Tethered cord
- 15.4 Velamentous insertion
- 15.8 Other cord associated cord pathology

16 Fetal Growth Restriction

- 16.1 Autopsy evidence (brain:liver ratio equal to or greater than 4:1)
- 16.2 Antenatal ultrasound evidence of FGR
- 16.3 Clinical examination of the baby (by paediatrician, pathologist)
- 16.4 Birthweight (less than 10th centile for gestational age)
- 16.41 Customised centiles
- 16.42 Population centiles

17 Maternal risk factors (optional category)

- 17.1 Smoking
- 17.2 Substance use
- 17.3 High BMI
- 17.4 Maternal mental health disorder
- 17.5 Socioeconomic deprivation
- 17.6 Refugee or asylum seeker

Associated conditions for neonatal deaths only

NDC Categories 1- 6

In addition to the above for associated maternal/fetal conditions the NDC Categories 1- 6 can be used to assign associated neonatal conditions