Autopsy

Trying to find answers when your baby has died

Thinking about an autopsy

The death of your child is devastating. You might have known this was coming, or you might not have expected it at all, but nothing could have prepared you for how you would feel.

Unfortunately, at a time of great loss, you have to think about an autopsy, for your sake, for the sake of others and for the sake of your baby.

What is an autopsy?

An autopsy is an examination performed after your baby's death. It is done to find out as much as possible about why your baby died.

All autopsies are carried out by pathologists - doctors who specialise in this field.

Do I have a choice?

In some cases, no, your doctor will explain that an autopsy is essential.

But some people do have a choice. Some parents are able to decide whether or not they agree to their baby having an autopsy. These parents will also be able to decide what type of autopsy their child will have.

Why agree to an autopsy?

An autopsy may help you understand:

- · why the baby died
- · whether there were any genetic or physical problems
- · whether the medical care was appropriate
- when the baby died and how many weeks along he or she was if your baby was stillborn.

An autopsy might also provide information that is important for the health and wellbeing of any other children you have now, or may have in the future.

Does an autopsy guarantee I'll find out why my baby died?

No. Unfortunately, there are no guarantees. But it does give you the best chance of finding out. And it can help to rule out possibilities, so you are not left wondering.

Where does an autopsy take place?

All autopsies are performed at a centre specialising in perinatal autopsies. This may be within the hospital where your baby was born, or it may be somewhere else. Your doctor or hospital staff should be able to tell you where your local centre is.

What happens during an autopsy?

There are different types of autopsy. The more thorough the autopsy, the better the chance of getting good information, and the greater the chance of helping you and others.

Full autopsy

A surgical cut (or incision) is made from the shoulder blade to just below the naval, which allows an examination of chest and abdominal organs. A small incision is also made at the back of the head to examine the brain. These cuts are similar to those used in surgery. Your baby's face, arms, legs, hands and feet will not be cut.

Your baby will be x-rayed, and the placenta will be examined.

Once the autopsy is over, all the wounds will be stitched up carefully. Once your baby is dressed, you will not be able to see the wounds.

Limited autopsy

If you have a choice, you can set limits on what can be examined. For example, you may decide to have only the abdominal organs examined, and not have incisions in the head or chest. Or you may decide that you don't want the placenta examined. It's up to you.

External examination only

If you have a choice, you may decide you want only an x-ray and external examination of your baby's body and the placenta, and not allow any incisions. This means that the pathologist would not be able to examine any internal organs.

Step-wise examination

If you have a choice, you may decide on a step-wise examination. You and the pathologist would agree on how the autopsy would be carried out.

The pathologist would carry out an initial examination. If the pathologist finds something that he or she thinks may give an answer as to why your baby died, they will continue. But if not, the autopsy will stop at the initial examination.

If you are interested in this option, talk to the pathologist.

What happens to my baby's organs?

Most babies have their organs replaced intact after an autopsy.

In some babies, a small sample of tissue is removed. This is about the size of a 10 cent piece, but round. It is examined under a microscope to give you further information, and is not replaced.

If your baby's brain needs to be examined closely, it will have to be removed and treated with chemicals to allow the proper examination. This takes about a week. If this happens, you can:

- · delay burial or cremation until the brain is returned to your baby's body
- go ahead with the burial and cremation, and have a separate burial or cremation for your baby's organs later.

These are important decisions, and they are entirely up to you. Your doctor, pathologist or caregiver may be able to help you through this difficult process. It is a good idea to record your decisions and give them to your doctor, pathologist or caregiver in writing.

What can I expect after the examination?

Most people get to see and hold their baby after an autopsy if they want.

Your baby's colour will have changed – that happens to all babies after they have died. Your baby might feel different to hold. Your baby will be cold. There may be other changes as well – these depend on what examination has taken place. You may be able to see some stitches, although these can be covered by clothing if you wish.

You can get more information about seeing and holding your baby after an autopsy from nursing staff, the hospital social worker, or your funeral director.

When can I expect the results from the autopsy?

The doctor who cared for your baby will usually get a preliminary report in two to three weeks. It may take a few months to get the final report.

Sometimes, the results of an autopsy means the cause of death on your baby's death certificate will need to be changed. Although pathologists would want you to know if this happens, that might not happen.

How do I know if I am making the right decision?

It is a difficult decision, and there is no right or wrong answer. You must decide based on what feels right for you

Other people may have their opinions, but whatever decision you make it must be the right decision for you.

When do I need to decide?

In some cases, a delay may mean you get less accurate information, but not always. You need to decide when you are ready to decide and that may take some time.

Is there someone else I can talk to?

Yes. For further information and support, please contact:

- Sands/Rednose we will list phone numbers and websites for each jurisdiction)
- your general practitioner, obstetrician or midwife.

This brochure was produces by PSANZ SANDA https://psanz.com.au/ Contact: stillbirthcre@mater.uq.edu.au

Bereavement services are available from:

Red Nose, a national not from profit organisation. To access services in your State or Territory call their 24 hour bereavement support line on 1300 308 307 For more information go to https://rednose.com.au

SANDS, a self-help support group comprised of parents who have experienced the death of a baby. SANDS provides miscarriage, stillbirth and newborn death support. If you need support you can call 1300 0 SANDS (1300 0 72637). For more information go to https://www.sands.org.au





SANDA Stillbirth And Neonatal Death Alliance