

### Appendix 3. Confidential Report on Perinatal Death and Perinatal Society of Australia & New Zealand-Perinatal Death Classification

NSW MATERNAL AND PERINATAL COMMITTEE CONFIDENTIAL REPORT ON PERINATAL DEATH			
<b>HOSPITAL:</b> <b>MOTHER DETAILS:</b> Mother's name: _____ Address: _____ Country of birth: _____ Indigenous status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> None of the above Medical Record No.: _____			<b>BABY DETAILS:</b> Baby's name: _____ Type of perinatal death: <input type="checkbox"/> Stillbirth <input type="checkbox"/> Neonatal death Date of birth/ stillbirth: ____/____/____ If liveborn:      Date of death: ____/____/____ Age at death:      day(s)      hour(s) Medical Record No.: _____
Office use: Reference No.: _____			
<b>For STILLBIRTHS complete Part A and for NEONATAL DEATHS complete Parts A and B</b>			
<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"><b>PART A</b></div> <b>1. Was a postmortem examination carried out?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, please include a copy of the report.  <b>2. Was histopathological examination of the placenta carried out?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, please include a copy of the report. If no: Placental weight: _____ grams Describe the placental appearance: _____  <b>3. Is this baby one of a multiple pregnancy (twin, triplet etc)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Number of babies: _____ Birth order: _____  <b>4. Bleeding during pregnancy?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Threatened miscarriage <input type="checkbox"/> Placental abruption <input type="checkbox"/> Placenta praevia <input type="checkbox"/> Vasa praevia <input type="checkbox"/> Undetermined <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____	<b>5. Was hypertension present?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Chronic hypertension: Essential <input type="checkbox"/> Secondary eg renal disease <input type="checkbox"/> Unspecified <input type="checkbox"/> Gestational hypertension <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Chronic + superimposed pre-eclampsia <input type="checkbox"/> Unspecified <input type="checkbox"/> <b>6. Any other maternal diseases present in pregnancy?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Maternal injury: Accidental <input type="checkbox"/> Non-accidental <input type="checkbox"/> Diabetes/gestational diabetes <input type="checkbox"/> Sepsis <input type="checkbox"/> Thrombophilia <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____  <b>7. Was the death an unexplained antepartum death?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  <b>8. When did the death occur?</b> Before the onset of labour <input type="checkbox"/> During labour <input type="checkbox"/> Before birth, unknown time <input type="checkbox"/> After birth <input type="checkbox"/>  <b>9. Was there fetal growth restriction (weight less than 10th percentile)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, was there serial U/S evidence of FGR? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>10. Was there spontaneous preterm delivery (less than 37 weeks)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, what was the duration of rupture of membranes prior to delivery? Less than 24 hours <input type="checkbox"/> 24 hours or more <input type="checkbox"/> Unknown <input type="checkbox"/>  <b>11. Was there intrapartum asphyxia?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  <b>12. Gestational age:</b> _____ weeks  <b>13. Birthweight:</b> _____ grams  <b>14. Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/>  <b>15. Onset of labour:</b> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> No labour <input type="checkbox"/>  <b>16. Type of delivery:</b> Normal vaginal delivery <input type="checkbox"/> Breech delivery <input type="checkbox"/> Caesarean section <input type="checkbox"/> Forceps delivery <input type="checkbox"/> Ventouse delivery <input type="checkbox"/> Other delivery <input type="checkbox"/> If other delivery, specify: _____  <b>17. Were there cord complications?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, describe: _____	

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Gordon A, Raynes-Greenow C, McGeechan K, Morris J, Jeffery H. Stillbirth risk in a second pregnancy. *Obstet Gynecol* 2012;119.

The authors provided this information as a supplement to their article.

PART A (continued)	CLASSIFICATION OF CAUSE OF DEATH	POTENTIALLY AVOIDABLE OR PREVENTABLE FACTORS																																																																								
<b>18. Was a major fetal abnormality present?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, describe: _____ _____	<b>24. Perinatal death classification (PSANZ-PDC, see Attachment A)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Associated conditions: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Maternal/social:</b> _____ _____ <b>Health service:</b> _____ _____																																																																								
<b>19. Was chorioamnionitis present?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, diagnosis was: Pathological <input type="checkbox"/> Clinical <input type="checkbox"/> If yes, specify organism: _____	<b>PART B (Neonatal deaths only)</b>	<b>Clinical care:</b> _____ _____																																																																								
<b>20. Infant/ fetal infection?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Strepococcus Group B <input type="checkbox"/> E Coli <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Cytomegalovirus <input type="checkbox"/> Parvovirus <input type="checkbox"/> Herpes simplex virus <input type="checkbox"/> Rubella virus <input type="checkbox"/> Toxoplasma <input type="checkbox"/> Syphilis <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____	<b>24. Neonatal death classification (PSANZ-NDC, see Attachment A)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Associated conditions: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Perinatal death review by:</b> Interdisciplinary committee <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____																																																																								
<b>21. Other conditions?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes: Twin-to-twin transfusion <input type="checkbox"/> Fetomaternal haemorrhage <input type="checkbox"/> Uterine abnormality <input type="checkbox"/> Birth trauma <input type="checkbox"/> Haemolytic disease <input type="checkbox"/> Idiopathic hydrops <input type="checkbox"/> Drug dependence/abuse <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: _____	<b>25. Cause of death as recorded on death certificate</b> Main disease or condition in fetus or infant: _____ _____ Other disease or condition in fetus or infant: _____ _____	<b>Form completed by:</b> Name: (print) _____ Designation: _____ Date: ____ / ____ / ____																																																																								
<b>22. Did the mother smoke in pregnancy?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>23. Was the pregnancy terminated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe indication: _____ _____	Main maternal disease or condition affecting fetus or infant: _____ _____ Other maternal disease or condition affecting fetus or infant: _____ _____ Other relevant circumstances: _____ _____	<b>DEFINITION: FETAL GROWTH RESTRICTION</b> Less than the 10th percentile for gestation. <table border="1"> <thead> <tr> <th>Gestation (weeks)</th> <th>Weight (grams) Male</th> <th>Weight (grams) Female</th> </tr> </thead> <tbody> <tr><td>22</td><td>400</td><td>400</td></tr> <tr><td>23</td><td>500</td><td>470</td></tr> <tr><td>24</td><td>520</td><td>540</td></tr> <tr><td>25</td><td>620</td><td>620</td></tr> <tr><td>26</td><td>720</td><td>680</td></tr> <tr><td>27</td><td>740</td><td>730</td></tr> <tr><td>28</td><td>850</td><td>760</td></tr> <tr><td>29</td><td>950</td><td>890</td></tr> <tr><td>30</td><td>1080</td><td>1045</td></tr> <tr><td>31</td><td>1310</td><td>1140</td></tr> <tr><td>32</td><td>1400</td><td>1340</td></tr> <tr><td>33</td><td>1640</td><td>1520</td></tr> <tr><td>34</td><td>1840</td><td>1760</td></tr> <tr><td>35</td><td>2110</td><td>2030</td></tr> <tr><td>36</td><td>2320</td><td>2220</td></tr> <tr><td>37</td><td>2550</td><td>2430</td></tr> <tr><td>38</td><td>2780</td><td>2660</td></tr> <tr><td>39</td><td>2940</td><td>2820</td></tr> <tr><td>40</td><td>3070</td><td>2950</td></tr> <tr><td>41</td><td>3180</td><td>3050</td></tr> <tr><td>42</td><td>3210</td><td>3080</td></tr> <tr><td>43</td><td>3080</td><td>2950</td></tr> <tr><td>44</td><td>3050</td><td>2930</td></tr> </tbody> </table> Source: Roberts CL, Lancaster PAL. Australian national birthweight percentiles by gestational age. <i>Mod J Aust</i> 1999; 170: 114-118.	Gestation (weeks)	Weight (grams) Male	Weight (grams) Female	22	400	400	23	500	470	24	520	540	25	620	620	26	720	680	27	740	730	28	850	760	29	950	890	30	1080	1045	31	1310	1140	32	1400	1340	33	1640	1520	34	1840	1760	35	2110	2030	36	2320	2220	37	2550	2430	38	2780	2660	39	2940	2820	40	3070	2950	41	3180	3050	42	3210	3080	43	3080	2950	44	3050	2930
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## Attachment A

### PSANZ Perinatal Death Classification (PSANZ-PDC)

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| <p><b>1. Congenital abnormality</b><br/>(including termination of pregnancy for congenital abnormality)</p> <ul style="list-style-type: none"> <li>1.1 Central nervous system</li> <li>1.2 Cardiovascular system</li> <li>1.3 Urinary system</li> <li>1.4 Gastrointestinal system</li> <li>1.5 Chromosomal</li> <li>1.6 Metabolic</li> <li>1.7 Multiple/non chromosomal syndromes</li> <li>1.8 Other congenital abnormality <ul style="list-style-type: none"> <li>1.81 Musculoskeletal</li> <li>1.82 Respiratory</li> <li>1.83 Diaphragmatic hernia</li> <li>1.84 Haematological</li> <li>1.85 Tumours</li> <li>1.88 Other specified congenital abnormality</li> </ul> </li> <li>1.9 Unspecified</li> </ul> <p><b>2. Perinatal infection</b></p> <ul style="list-style-type: none"> <li>2.1 Bacterial <ul style="list-style-type: none"> <li>2.11 Group B Streptococcus</li> <li>2.12 E Coli</li> <li>2.13 Listeria monocytogenes</li> <li>2.14 Spirochaeta e.g. Syphilis</li> <li>2.18 Other bacterial</li> <li>2.19 Unspecified bacterial</li> </ul> </li> <li>2.2 Viral <ul style="list-style-type: none"> <li>2.21 Cytomegalovirus</li> <li>2.22 Parvovirus</li> <li>2.23 Herpes simplex virus</li> <li>2.24 Rubella virus</li> <li>2.28 Other viral</li> <li>2.29 Unspecified viral</li> </ul> </li> <li>2.3 Protozoal eg Toxoplasma</li> <li>2.5 Fungal</li> <li>2.8 Other specified organism</li> <li>2.9 Other unspecified organism</li> </ul> <p><b>3. Hypertension</b></p> <ul style="list-style-type: none"> <li>3.1 Chronic hypertension: essential</li> <li>3.2 Chronic hypertension: secondary eg renal disease</li> <li>3.3 Chronic hypertension: unspecified</li> <li>3.4 Gestational hypertension</li> <li>3.5 Pre-eclampsia <ul style="list-style-type: none"> <li>3.51 with laboratory evidence of thrombophilia</li> </ul> </li> <li>3.6 Pre-eclampsia superimposed on chronic hypertension <ul style="list-style-type: none"> <li>3.61 with laboratory evidence of thrombophilia</li> </ul> </li> <li>3.9 Unspecified hypertension</li> </ul> <p><b>4. Antepartum haemorrhage (APH)</b></p> <ul style="list-style-type: none"> <li>4.1 Placental abruption <ul style="list-style-type: none"> <li>4.11 with laboratory evidence of thrombophilia</li> </ul> </li> <li>4.2 Placenta praevia</li> <li>4.3 Vasa praevia</li> <li>4.8 Other APH</li> <li>4.9 APH of undetermined origin</li> </ul> | <p><b>5. Maternal disease</b></p> <ul style="list-style-type: none"> <li>5.1 Termination of pregnancy for maternal psychosocial indications</li> <li>5.2 Diabetes / gestational diabetes</li> <li>5.3 Maternal injury <ul style="list-style-type: none"> <li>5.31 Accidental</li> <li>5.32 Non-accidental</li> </ul> </li> <li>5.4 Maternal sepsis</li> <li>5.5 Lupus obstetric syndrome</li> <li>5.6 Obstetric cholestasis</li> <li>5.8 Other specified maternal conditions</li> </ul> <p><b>6. Specific perinatal conditions</b></p> <ul style="list-style-type: none"> <li>6.1 Twin-to-twin transfusion</li> <li>6.2 Fetomaternal haemorrhage</li> <li>6.3 Antepartum cord complications (eg true knot)</li> <li>6.4 Uterine abnormality (eg bicornuate uterus, Cx incompetence)</li> <li>6.5 Birth trauma (typically &gt;24 weeks or &gt; 600 grams)</li> <li>6.6 Alloimmune disease <ul style="list-style-type: none"> <li>6.61 Rhesus</li> <li>6.62 ABO</li> <li>6.63 Kell</li> <li>6.64 Alloimmune thrombocytopenia</li> <li>6.68 Other</li> <li>6.69 Unspecified</li> </ul> </li> <li>6.7 Idiopathic hydrops</li> <li>6.8 Other specific perinatal conditions</li> </ul> <p><b>7. Hypoxic peripartum death</b><br/>(typically &gt; 24 weeks or &gt; 600 grams)</p> <ul style="list-style-type: none"> <li>7.1 With intrapartum complications <ul style="list-style-type: none"> <li>7.11 Uterine rupture</li> <li>7.12 Cord prolapse</li> <li>7.13 Shoulder dystocia</li> <li>7.18 Other</li> </ul> </li> <li>7.2 Evidence of non-reassuring fetal status in a normally grown infant</li> <li>7.3 No intrapartum complications and no evidence of non-reassuring fetal status</li> <li>7.9 Unspecified hypoxic peripartum death</li> </ul> <p><b>8. Fetal growth restriction (FGR)</b></p> <ul style="list-style-type: none"> <li>8.1 With evidence of reduced vascular perfusion on Doppler studies and/or placental histopathology (eg significant infarction, acute atherosclerosis, maternal and/or fetal vascular thrombosis or maternal floor infarction)</li> <li>8.2 With chronic villitis</li> <li>8.3 No placental pathology</li> <li>8.4 No examination of placenta</li> <li>8.8 Other specified placental pathology</li> <li>8.9 Unspecified or not known whether placenta examined</li> </ul> |
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PSANZ Perinatal Death Classification (PSANZ-PDC) (cont.)	PSANZ Neonatal Death Classification (PSANZ-NDC)
<p><b>9. Spontaneous preterm</b></p> <p>9.1 Spontaneous preterm with intact membranes, or membrane rupture less than 24 hours before delivery,</p> <p>9.11 with chorioamnionitis on placental histopathology</p> <p>9.12 without chorioamnionitis on placental histopathology</p> <p>9.13 clinical evidence of chorioamnionitis, no placental examination</p> <p>9.17 no clinical evidence of chorioamnionitis, no placental examination</p> <p>9.19 unspecified or not known whether placenta examined</p> <p>9.2 Spontaneous preterm with membrane rupture <math>\geq</math> 24 hours before delivery,</p> <p>9.21 with chorioamnionitis on placental histopathology</p> <p>9.22 without chorioamnionitis on placental histopathology</p> <p>9.23 clinical evidence of chorioamnionitis, no placental examination</p> <p>9.27 no clinical evidence of chorioamnionitis, no placental examination</p> <p>9.29 unspecified or not known whether placenta examined</p> <p>9.3 Spontaneous preterm with membrane rupture of unknown duration before delivery,</p> <p>9.31 with chorioamnionitis on placental histopathology</p> <p>9.32 without chorioamnionitis on placental histopathology</p> <p>9.33 clinical evidence of chorioamnionitis, no placental examination</p> <p>9.37 no clinical evidence of chorioamnionitis, no placental examination</p> <p>9.39 unspecified or not known whether placenta examined</p> <p><b>10. Unexplained antepartum death</b></p> <p>10.1 With evidence of reduced vascular perfusion on Doppler studies and/or placental histopathology (eg significant infarction, acute atherosclerosis, maternal and/or fetal vascular thrombosis or maternal floor infarction)</p> <p>10.2 With chronic villitis</p> <p>10.3 No placental pathology</p> <p>10.7 No examination of placenta</p> <p>10.8 Other placental pathology</p> <p>10.9 Unspecified or not known whether placenta examined.</p> <p><b>11. No obstetric antecedent</b></p> <p>11.1 Sudden Infant Death Syndrome (SIDS)</p> <p>11.11 SIDS Category IA: Classic features of SIDS present, completely documented</p> <p>11.12 SIDS Category IB: Classic features of SIDS present, incompletely documented</p> <p>11.13 SIDS Category II: Meets Category I except for one or more features</p> <p>11.2 Postnatally acquired infection</p> <p>11.3 Accidental asphyxiation</p> <p>11.4 Other accident, poisoning or violence (postnatal)</p> <p>11.8 Other specified</p> <p>11.9 Unknown / Undetermined</p> <p>11.91 Unclassified Sudden Infant Death</p> <p>11.92 Other Unknown/Undetermined</p>	<p><b>1. Congenital abnormality</b> (including termination of pregnancy for congenital abnormality)</p> <p>1.1 Central nervous system</p> <p>1.2 Cardiovascular system</p> <p>1.3 Urinary system</p> <p>1.4 Gastrointestinal system</p> <p>1.5 Chromosomal</p> <p>1.6 Metabolic</p> <p>1.7 Multiple/non-chromosomal syndromes</p> <p>1.8 Other congenital abnormality</p> <p>1.81 Musculoskeletal</p> <p>1.82 Respiratory</p> <p>1.83 Diaphragmatic hernia</p> <p>1.84 Haematological</p> <p>1.85 Tumours</p> <p>1.88 Other specified congenital abnormality</p> <p>1.9 Unspecified</p> <p><b>2. Extreme prematurity (typically infants of <math>\leq</math> 24 weeks gestation or <math>\leq</math> 600 g birth weight)</b></p> <p>2.1 Not resuscitated</p> <p>2.2 Unsuccessful resuscitation</p> <p>2.9 Unspecified or not known whether resuscitation attempted</p> <p><b>3. Cardio-respiratory disorders</b></p> <p>3.1 Hyaline membrane disease/Respiratory distress syndrome (RDS)</p> <p>3.2 Meconium aspiration syndrome</p> <p>3.3 Primary persistent pulmonary hypertension</p> <p>3.4 Pulmonary hypoplasia</p> <p>3.5 Chronic neonatal lung disease (typically, bronchopulmonary dysplasia)</p> <p>3.8 Other</p> <p><b>4. Infection</b></p> <p>4.1 Bacterial</p> <p>4.11 Congenital bacterial</p> <p>4.12 Acquired bacterial</p> <p>4.2 Viral</p> <p>4.21 Congenital viral</p> <p>4.22 Acquired viral</p> <p>4.3 Protozoal eg Toxoplasma</p> <p>4.4 Spirochaetal eg Syphilis</p> <p>4.5 Fungal</p> <p>4.8 Other</p> <p>4.9 Unspecified organism</p> <p><b>5. Neurological</b></p> <p>5.1 Hypoxic ischaemic encephalopathy/Perinatal asphyxia (typically infants of <math>&gt;</math> 24 weeks gestation or <math>&gt;</math> 600 g birth weight)</p> <p>5.2 Intracranial haemorrhage</p> <p>5.8 Other</p> <p><b>6. Gastrointestinal</b></p> <p>6.1 Necrotising enterocolitis</p> <p>6.8 Other</p> <p><b>7. Other</b></p> <p>7.1 Sudden Infant Death Syndrome(SIDS)</p> <p>7.11 SIDS Category IA: Classic features of SIDS present and completely documented</p> <p>7.12 SIDS Category IB: Classic features of SIDS present but incompletely documented</p> <p>7.13 SIDS Category II: Infant deaths that meet Category I except for one or more features</p> <p>7.2 Multisystem failure-only unknown primary cause or trigger event</p> <p>7.3 Trauma</p> <p>7.8 Other Specified</p> <p>7.9 Unknown/Undetermined</p> <p>7.91 Unclassified Sudden Infant Death</p> <p>7.92 Other Unknown/Undetermined</p>