

PREPARATORY TIPS

for

CONVERSATIONS ABOUT PERINATAL POST-MORTEM WITH A GRIEVING FAMILY

- ⇒ **Are you the right person to be having this conversation with the family?**

This would usually be the most senior treating clinician who has an established rapport with the family and has the right training – is that you? If not, discuss with the team.
- ⇒ **Have you reviewed the information required for informed consent?**

This can include:

 - The reasons for a perinatal post-mortem and limits of the results
 - Three types of perinatal post-mortem and what happens in each
 - The reconstruction processes
 - Timeframes – when it happens, how long it takes, getting baby back, receiving the report/s, and further examinations
 - What happens to the tissue samples
 - Any other requirements.

We recommend an in-service from [NSW Health's Pathology perinatal post-mortem service](#) and the Stillbirth Centre for Research (CRE) IMPROVE program (access through My Health Learning).
- ⇒ **Have you confirmed the local processes that may impact on a perinatal post-mortem?**

This helps answer the family's questions, particularly about who performs it, and where, how baby gets there and back, what items can be transported with baby, and time with baby before and afterwards.
- ⇒ **Do you have the correct paperwork with you?**

It is important to have all relevant paperwork in your possession prior to undertaking the conversation with the family. The paperwork can be set aside discreetly while having the conversation with the family. It can then be accessed easily in the event the family make their decision at the end of the conversation, or at a later stage.
- ⇒ **Have you familiarised yourself with the paperwork?**

It is important to familiarise yourself with all fields within the paperwork prior to discussing with the family. This can assist in preparing for any questions the family may have regarding aspects of the paperwork.
- ⇒ **Who else needs to be part of the conversation?**

From the family's perspective, does any other person need to be present e.g., religious or cultural leader or support, senior next of kin, support person? Is an interpreter, liaison or support worker required for the conversation? Do you require a witness? Who is your Designated Officer?
- ⇒ **Is it the right time for the conversation?**

The results of a perinatal post-mortem are optimised if the investigations are done within 48 hours. Given this, the conversation about consent often occurs within 24 hours. However, there is some flexibility in this. You will also need to check if the family is ready to talk about perinatal post-mortem at this time.
- ⇒ **Is the conversation taking place in a quiet, comforting and private space?**

It is important that the space offers the family a level of comfort and privacy without distraction.
- ⇒ **Have you practised the conversation?**

Practising difficult conversations can assist in making us feel more confident in the appropriate delivery of the conversations. Practise can also assist in preparing, and in making us feel more comfortable in responding to foreseeable questions.
- ⇒ **Have you considered how you would debrief?**

Debriefing following adverse events and difficult conversations is a healthy way to protect ourselves against any possible negative impacts of such effects.

For further information, please access [Perinatal Post-mortem Service - NSW Health Pathology - Website](#).