

ANZSA Frequently Asked Questions

Q. Should the investigation of why my baby was stillborn be done by the coroner?

ANZSA firmly believes that all stillbirths should be thoroughly investigated. Many of the ANZSA group have been instrumental in promoting rigorous investigation of stillbirths through membership and collaboration with the Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Mortality Group (PMG). Determining who is the best person to help you understand why your baby died is dependent on many individual factors including the location of experts.

For a variety of reasons, ANZSA does not support the suggestion that the coronial system is the best way to investigate the stillbirth of a baby in general. The coronial system is very good for assessing the causes of accidents and unnatural death. It is clear that the expertise involved in caring for babies and their parents after a stillbirth is different from that involved in understanding deaths in adults and children, particularly unexpected and accidental deaths. We therefore support the development of new and progression of existing hospital based multidisciplinary teams for the investigation of stillbirths.

Stillbirths are often complicated and it is better that these deaths are investigated by a team of experts in the field of perinatal care. These teams are based at maternity units in the various states and territories. The coronial system generally acts independent of these institutions. Coronial investigations are directed predominantly to investigating individual deaths and particularly to understanding whether the death is unnatural. The focus is not usually to uncover the wider issues of epidemiology, research, and other aspects, to prevent further tragedies. Information provided to the clinicians providing care for the women and to the parents may be delayed and restricted in a coroner's report.

ANZSA feels the best way to proceed is to promote the development of specialist teams in all states and territories (including midwives, obstetricians, fetal medical experts, pathologists, neonatal paediatricians, general practitioners) who are experienced in exploring perinatal deaths. These teams could then provide timely reports to bereaved parents, and contribute to research into the area of stillbirth and early infant death. There will be some cases where an independent or coronial investigation may be required or appropriate. As a minimum ANZSA support the review of all perinatal deaths by appropriate hospital teams to maximise the potential to identify clinically important lessons from the death. We also believe that all parents should be offered the opportunity for a full assessment of the factors related to their baby's death, but equally the parents must have their rights respected.

We do not feel that families would be best served by all stillbirths being referred to the coronial system which generally has little expertise in the many factors related to stillbirth and limited capacity to counsel affected families. ANZSA feels that parents should be offered best practice for perinatal deaths as advocated by the PSANZ guidelines, and we are doing our best to increase knowledge of caregivers that will transfer into best clinical practice. A stillbirth is a tragedy and the causes still not fully understood. Investigation and research are best done working with the families, with their consent, rather than a legal investigation. This will facilitate parents being offered supportive counselling and a full set of investigations which will provide better care to families, and help us to learn from and prevent future stillbirths.

Dr Adrian Charles, ANZSA Chairman.

Many thanks for contributions from ANZSA Clinical Practice and Education Committee.