



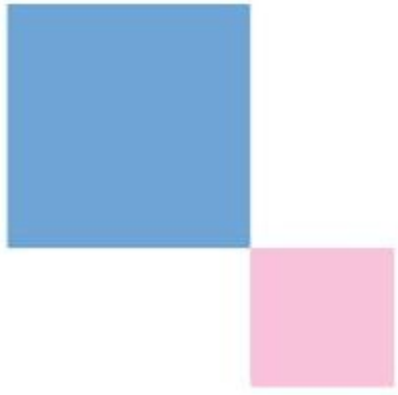
KK Women's and  
Children's Hospital  
SingHealth

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# Post-mortem Examination – An Explanation For Parents and Legal Guardians

Perinatal, Neonatal and Paediatric Autopsy





<b>Contents</b>	<b>Page</b>
What is an autopsy?	1
Is an autopsy compulsory?	1
Can I give consent to a limited autopsy?	1
Who performs the autopsy?	1
What does the autopsy involve?	1
Are photographs taken during the autopsy?	2
When and where is the autopsy performed?	3
Can I see my child's body after the autopsy?	3
Can I claim the body and when can I do so?	3
How long will the results take?	3
Who will explain the results to me?	3
Do I have to pay for the autopsy?	4
What should I do if I choose to consent to an autopsy?	4
Useful contact information	5
<b>Form A</b>	
Consent for post-mortem examination	8
<b>Form B</b>	
Request for post-mortem examination	10
<b>Form C1</b>	
Clinical information (Abortuses and still-births)	12
<b>Form C2</b>	
Clinical information (Neonatal and paediatric deaths)	14

We are sorry for the loss of your child.

Although this is a difficult time for you and your family, it is important at this time to make a decision about finding out more about the medical issues related to your child. This will provide the doctors with important information which will be used to care for you, your family or any subsequent pregnancy.

### ■ What is an autopsy?

An autopsy (also known as post-mortem examination) is an examination of your child after death to find out the medical issues related to the child.

### ■ Is an autopsy compulsory?

If there are legal or other issues that need to be addressed, your doctor will have to inform the Coroner. If so, this becomes a **Coroner's case**, and the Coroner has the legal authority to determine if a Coroner's autopsy is required. Such autopsies are not performed in KK Women's and Children's Hospital (KKH). This booklet does not deal with such autopsies.

In all other situations, it is completely up to you to decide whether you wish to have an autopsy performed. This is known as an **academic autopsy** (or consented autopsy). This booklet deals with academic autopsies.

Please note that no one can compel you to agree to an academic autopsy.

### ■ Can I give consent to a limited autopsy?

If you give consent for an autopsy to be performed on your child, you may choose to limit the autopsy (e.g. by allowing only certain areas of the body to be examined). You should discuss this with your doctor as a limited autopsy may only provide limited information on your child's death which may not fully explain all the medical issues related to your child's illness.

### ■ Who performs the autopsy?

The autopsy will be performed by a KKH pathologist, who is a fully qualified medical doctor with specialist training in pathology and special expertise in this procedure. The pathologist is usually assisted by one or more assistants.

### ■ What does the autopsy involve?

The autopsy involves an **external examination** to measure your child's height and weight and to identify any external abnormalities. Photography is used to record important findings. In many cases, radiological examination (e.g. X-ray, CT scan or MRI) may be helpful.

An **internal examination** is then performed to examine the internal organs. In most cases, the internal examination will be performed through two cuts – one on the trunk (chest and abdomen) and one at the back of the head. In certain situations, additional cuts in other areas may be necessary.

As part of the internal examination, portions of each organ are retained and sampled for examination under a microscope. This requires processing the organ tissue into a tissue block that is embedded in paraffin.

In some instances, it is helpful for entire organs to be retained in the pathology department for a detailed examination. For example, if the child has a complex heart condition, the entire heart should be carefully examined to determine the nature of the abnormalities. Examination of the brain requires prolonged (at least three weeks) fixation so that the brain is sufficiently firm for detailed examination. In cases where bone abnormalities are suspected, it is helpful to sample a long bone (e.g. bone of the thigh) for examination under a microscope.

Tissue which is not required for examination under a microscope or for detailed examination is returned to the child's body. Your child's body will be carefully restored.

Certain **special investigations** are usually performed as part of the autopsy. These include radiology (e.g. X-ray, CT scan or MRI), cytogenetics (to check for abnormalities of the chromosomes or genes) and microbiology (to check for infections). Small amounts of tissue may be frozen in case molecular studies are needed. These special investigations are performed to increase the likelihood and certainty of identifying all disease processes affecting the child.

We wish to reassure you that the body is handled and treated with utmost respect and care throughout the procedure.

**Note:** Please inform the doctor if you do not wish to allow entire organs of your child to be retained for detailed examination and record this accordingly in the consent form (Form A) attached.

### ■ Are photographs taken during the autopsy?

Photographs are taken as part of the autopsy and allow findings identified to be recorded for future review. These photographs are securely and confidentially stored as part of your child's medical records.

### ■ When and where is the autopsy performed?

The autopsy is performed during office hours (8.30am to 5.00pm) from Mondays to Fridays excluding Public Holidays.

Autopsies are performed at the Department of Pathology and Laboratory Medicine in KKH. This is located at Basement 1 of the Children's Tower.

### ■ Can I see my child's body after the autopsy?

Yes, you can. Arrangements can be made for you after the autopsy. The body of your child will be restored as best as possible, but please note that the two cuts on the trunk and back of the head will remain visible. Please speak to your doctor if you wish to know what to expect after the autopsy.

### ■ Can I claim the body and when can I do so?

You can decide if you wish to claim the body after the autopsy is completed. Please indicate your decision on the consent form (Form A) attached.

Performing the autopsy requires one full working day. If your religion or culture requires that your child's body be claimed within a certain time frame, please let your doctor know. We will try our best to accommodate your wishes, but it cannot be guaranteed that the autopsy will be completed within any stipulated time frame.

### ■ How long will the results take?

The autopsy is a highly complex and specialised procedure. In straightforward cases, the autopsy report may be released in about four to six weeks. In more complex cases, additional time is required as the pathologist may need expert opinion or specialised investigations which may only be available overseas.

### ■ Who will explain the results to me?

In most cases, the hospital doctor who has cared for you or your child will go through the autopsy results with you.

**Note:** Your doctor should schedule an appointment for you to discuss the results only after the autopsy report is ready. This is to prevent you from making an unnecessary trip to the hospital.

If you wish, you have the option of speaking to the pathologist who performed the examination. An appointment is required for this.

■ Do I have to pay for the autopsy?

If the mother or child is a patient of KKH, there will be no charge for the autopsy.

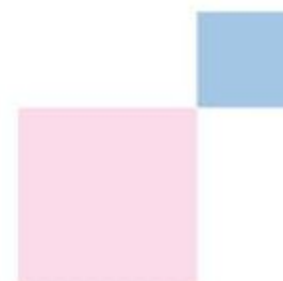
■ What should I do if I choose to consent to an autopsy?

You should read this booklet carefully and ask questions to clarify any uncertainties that you have.

You will be required to sign on a consent form (Form A) to indicate that you agree to allow an autopsy to be performed on your child. Please read through the consent form carefully.

You are also required to indicate on the consent form that you have read this document and that you understand the contents of this document.

**Note:** The pathologist will not be able to perform the autopsy if the consent form is not completed or duly signed.



## ■ Useful contact information

### **Paediatric Pathologists**

A/Prof Kenneth Chang, Senior Consultant and Head,  
Department of Pathology and Laboratory Medicine  
Tel: 6394-1363

Dr Derrick Lian, Consultant  
Tel: 6394-8748

### **Children's Pathology**

Department of Pathology and Laboratory Medicine  
Basement 1, Children's Tower

KK Women's and Children's Hospital  
100 Bukit Timah Road  
Singapore 229899

Pathology Secretaries  
Tel: 6394-1169 / 1380

Pathology Medical Laboratory Technologists  
Tel: 6394-1377  
Fax: 6394-1372

## ■ Forms



## ■ Instructions

### **Please complete:**

1. Form A, and
2. Form B, and
3. Either Form C1 (for abortuses and still-births) or Form C2 (for neonatal and paediatric deaths).



## Consent For Post-Mortem Examination (Perinatal, neonatal and paediatric autopsy)

Patient Sticky Label

Date \_\_\_\_\_

1 I, \_\_\_\_\_ (name of parent / legal guardian), with NRIC no. \_\_\_\_\_ as \_\_\_\_\_ (relationship to deceased) of \_\_\_\_\_ (name or identity of deceased), hereby agree to give consent to the hospital authorities for performance of an autopsy of the above named deceased.

**2 I consent to**

An autopsy with no limitations

An autopsy limited to (please specify) \_\_\_\_\_

*Please tick the appropriate box.*

3 I understand that the purpose of the autopsy is to establish the cause of death of the child and identify as specifically as possible, diseases or medical conditions that could possibly have led to the child's demise. The information obtained from the autopsy may help to improve medical care.

4 I confirm that I have read and understood the information brochure "*Post-Mortem Examination, An Explanation for Parents and Legal Guardians*" and / or that the contents of this brochure have been explained to me.

5 I confirm that any questions I have about the autopsy have been answered to my satisfaction and understanding. Where I have required information or explanations to be translated or interpreted, this has been done so by \_\_\_\_\_ (name of translator / interpreter).

## 6 Instructions for claiming of the body

I wish to claim the body.  I do not wish to claim the body.

*Please tick the appropriate box.*

## 7 Retention of tissues and organs

I understand that as part of the post-mortem examination, it is normal practice for the hospital to sample and retain portions of tissues for detailed examination, microscopic examination or for special tests. In certain cases, whole organs may be retained for detailed examination and these will be retained as part of the medical records of the deceased so that they can be reviewed either in the light of further medical information or on behalf of the family if necessary.

I give consent for whole organs to be retained for detailed examination if necessary.

Yes  No

*Please tick the appropriate box.*

## 8 Consent for research

The tissue samples may be valuable for ethically approved research, but consent is required for this.

I consent to the retained tissue being used for research that has been approved by an appropriate ethics committee.

Yes  No

*Please tick the appropriate box.*

I understand that there will be no direct benefit to me or my family from allowing the retained tissue to be used for medical research.

\_\_\_\_\_  
Signature of Parent /  
Legal Guardian

\_\_\_\_\_  
Signature of Doctor  
obtaining informed consent

Name \_\_\_\_\_

Name of Doctor \_\_\_\_\_

NRIC no. \_\_\_\_\_

MCR no. \_\_\_\_\_



## Request For Post-Mortem Examination (Perinatal, neonatal and paediatric autopsy)

**Patient Sticky Label**

To the Pathologist:

**1 Please perform an autopsy on the body of**

\_\_\_\_\_ (name / identity of deceased).

**2 I hereby confirm the following:**

- 2.1 I have explained the contents of the document "*Post-mortem Examination – An Explanation for Parents and Legal Guardians*" to the Parent / Legal Guardian providing consent, and the Parent / Legal Guardian has provided the requisite consent for the autopsy by signing the informed consent form.
- 2.2 I have provided in a clear and legible manner all relevant clinical information for the purposes of the autopsy, including clinical history, results of investigations / tests, and information regarding the medical care and circumstances of death.
- 2.3 I can be contacted at telephone number \_\_\_\_\_.
- 2.4 The responsible consultant is \_\_\_\_\_.

**3 Please send copies of the autopsy report to:**

- 3.1 \_\_\_\_\_ (Department: \_\_\_\_\_)
- 3.2 \_\_\_\_\_ (Department: \_\_\_\_\_)
- 3.3 \_\_\_\_\_ (Department: \_\_\_\_\_)
- 3.4 \_\_\_\_\_ (Department: \_\_\_\_\_)

\_\_\_\_\_  
Signature of Requesting Doctor

\_\_\_\_\_  
Name of Requesting Doctor

MCR no. \_\_\_\_\_

Date \_\_\_\_\_

**For Laboratory Use Only:**

Date and time request received: \_\_\_\_\_ am/pm  
on \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ (dd/mm/yyyy)

Documentation in order:

Yes  No (please specify) \_\_\_\_\_

\_\_\_\_\_



**Clinical Information**  
(Abortuses and still-births)

**Patient Sticky Label**

**Mother's Particulars**

Name \_\_\_\_\_ NRIC no. \_\_\_\_\_  
 Age \_\_\_\_\_ Race \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_  
 Ward / Department / Hospital \_\_\_\_\_

**Previous Pregnancies**

No.	Date	Gender	Outcome
1			
2			
3			
4			
5			

**Present Pregnancy**

LMP \_\_\_\_\_ EDD \_\_\_\_\_ Gestational age \_\_\_\_\_

**Prenatal History**

Threatened abortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chorionic villus sampling / amniocentesis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Result _____	
Preeclampsia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ultrasound	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antepartum haemorrhage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Findings _____	
Polyhydramnios	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other investigations _____	
Growth restriction	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Other history	_____		

## Labour

Spontaneous / induced Reason (if induced) \_\_\_\_\_

Rupture of membranes Date \_\_\_\_\_ Time \_\_\_\_\_

Liquor appearance \_\_\_\_\_

Fetal distress:  Yes  No (please specify) \_\_\_\_\_

Cardiotocograph features \_\_\_\_\_

Presentation: Vertex / Breech / Others (please specify) \_\_\_\_\_

## Delivery

Normal / Forceps / Caesarean / Others (please specify) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

## Death

Date \_\_\_\_\_ Time \_\_\_\_\_

## Neonatal Details

Birth Weight \_\_\_\_\_ g Gender M / F

Apgar Scores \_\_\_\_\_ (1 min) \_\_\_\_\_ (5 min)

Resuscitation  Yes  No (please specify) \_\_\_\_\_

### Salient Neonatal Problems

### Treatment Given

1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

## Clinical Cause of Death

\_\_\_\_\_

## Clinicopathologic Correlation

Please list specific questions to be answered by the post-mortem examination:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_



**Clinical Information**  
(Neonatal and paediatric deaths)

Patient Sticky Label

Ward / Department / Hospital \_\_\_\_\_

Date of Admission \_\_\_\_\_ Time \_\_\_\_\_

Date of Death \_\_\_\_\_ Time \_\_\_\_\_

**Clinical History**

**Physical Examination**

**Investigations**

## Progress

## Therapy

## Clinical Diagnosis

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

## Cause of Death

\_\_\_\_\_

## Contributing factors

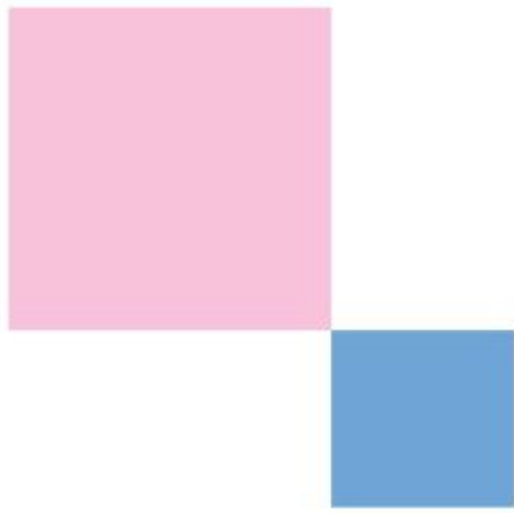
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

## Clinicopathologic Correlation

Please list specific questions to be answered by the post-mortem examination:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_





This information stands correct as of January 2017.



**KK Women's and  
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