

Perinatal Confidential Enquiry 2021/22
Post-mortem checklist v2.0

Last updated 08/02/2022

INFORMATION ABOUT CURRENT PREGNANCY

1. Was the following information available to the pathologist?			
Maternal History			
Maternal Age	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess
Maternal BMI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess
Relevant family history e.g. anomalies or consanguinity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess
Information relating to previous pregnancies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Unable to assess
Information relating to previous pregnancy losses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Unable to assess
Current Pregnancy			
Estimated date of delivery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess
Antenatal infection screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess
Abnormal findings on scan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Unable to assess
Any history of maternal hypertension or PET	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Unable to assess
Any history of pyrexia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Unable to assess
Any history of membrane rupture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Unable to assess
Gestational age	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess
Birth weight	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess

REPORT

2. Was there a statement regarding consent or authorisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Was there a clinical summary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does the report contain a clinicopathological comment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes:			
Was the clinicopathological comment appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did it relate to the clinical history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

EXTERNAL EXAMINATION

5. Did the report contain the following:			
Detailed description of the infant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Birthweight and centile	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OFC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Length	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Foot length	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Was there a comment on appropriate size of infant for gestation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Was there a comment relating to any described dysmorphic features?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

INTERNAL EXAMINATION

8. Was there a detailed description of each system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Were any abnormalities described in detail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Were organ weights recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes , were the appropriate reference ranges given?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

INVESTIGATIONS

11. Does the report include a list of investigations and findings (positive or negative)?			
Bacteriology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Virology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Genetics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Clinical photographs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Radiology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MRI or other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Was there adequate sampling for histology of each organ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Was there a list of all histology taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Does the report contain a microscopic description of the following?			
Lungs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Heart	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Kidneys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Neuropathology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Does the report include a description of the placenta?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16. Does the report include the histology of the placenta?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Overall, how would you grade the quality of this post-mortem report?

Poor

Satisfactory

Good

Excellent

If there has been an examination of the placenta please also complete the Placental Histology Checklist