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20 Flemington Rd, Parkville, Victoria, 3052

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Senator McCarthy

Chair, Senate Select Committee on Stillbirth Research and Education

Dear Senator McCarthy,

Thank you for inviting the Victorian Perinatal Autopsy Service (VPAS) to appear before the Senate Select Committee on Stillbirth Research and Education, to provide information about our service at the public hearing held in Canberra on Friday, 7 September 2018. As requested by the Committee, I am writing to answer a question taken on notice, and also to provide some additional information where needed.

Question taken on notice

The question taken on notice from the public hearing, was Senator Keneally's request for VPAS to provide information regarding the unit cost of a perinatal post-mortem examination in Victoria.

The types of perinatal post-mortem examination are divided into full, limited and external, depending upon parent preference. Whilst full post-mortem examination is the 'gold standard' of investigation, and provides the most information, some patients consent to having a more limited examination, which may also provide valuable answers. Each form of examination should be accompanied by full placental pathology exam, and may be accompanied by other non-invasive investigations, such as clinical photography, microbiology, x-ray (skeletal survey), and sometimes genetic testing. Other specialised investigations may be performed as diagnostically indicated.

When VPAS commenced operation in 2016, the service undertook a comprehensive costing exercise, and determined that the true cost of perinatal post-mortem examinations (including all associated staff costs) at that time were:

- full post-mortem examination \$1,976 - \$2,673
- limited post-mortem examination, \$1,279-\$1,859 and
- external post-mortem examination \$654 - \$866.

In each category the higher rate was for cases of high complexity.

The costs determined in the costing exercise do not include the cost of additional testing, such as genetic tests that are often required and are sent to separate specialist genetic laboratories to be performed.

VPAS also funds the cost of transfer of babies requiring perinatal autopsy from metropolitan, rural and regional areas, so there is no cost to parents.

Addition to evidence provided

With a perinatal autopsy rate in Victoria of approximately 40%, VPAS performs approximately 300 perinatal post-mortem examinations each year. The vast majority of these are full post-mortem examinations, with far fewer limited and external cases.

As discussed at the hearing, the ideal perinatal autopsy rate would be in the order of 60%. Achieving this involves clinician education regarding the value of perinatal autopsy, and also their communication techniques for discussing autopsy with families. This information is available to health services through the IMPROVE education program <https://sanda.psanz.com.au/improve/> run by the Perinatal Society of Australia and New Zealand (PSANZ), and coordinated by the Stillbirth CRE. Interested health services are able to host an IMPROVE course for their staff.

The value of a high quality, centralised perinatal post-mortem service is that it provides high quality, consistent data regarding the findings (report) in a case of perinatal death. This is of benefit in a number of ways:

- Information that the treating clinician provides to the family about the cause of death, and findings that may have implications for subsequent pregnancy
- Detailed information about the case, that is of value in audit at the level of the institution (morbidity and mortality audit) that may lead to process improvements at the institution

- Accurate data provision to the Consultative Council on Obstetric and Paediatric Morbidity and Mortality (CCOPMM) for the classification of the cause of death, and any associated conditions. The PSANZ system for the classification of cause of death, used in Australia, is performed after investigations have been performed, as it is recognised in Australia that death certificate reporting is often inaccurate. A high quality perinatal autopsy service reduces the rate at which cases of stillbirth are classified as *Unexplained*, which is an important outcome.

Therefore, the outcomes of a high quality perinatal autopsy service are in how it is able to serve families, health services, and regulatory bodies. Accurate data regarding perinatal autopsy and placental pathology also informs clinical research.

Kind regards,

Kerryn

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Head of Unit, Victorian Perinatal Autopsy Service.