



Pregnancy Loss and Infant Death Alliance

Supporting those whose work supports bereaved families.

Position Statement: Delaying Post Mortem Pathology Studies

When bereaved parents hold their baby's body for any length of time after death, there is little or no impact on postmortem pathology studies.

Many parents benefit from repeated and extended opportunities to have close contact with their deceased baby's body, including touching, examining, holding, cuddling, and kissing. For parents who want to have close and extended contact with their baby, this nurturing experience affirms their baby's existence and importance, validates their role as parents to this child, offers meaningful opportunities to express their love and devotion, and cultivates treasured keepsakes and memories. This experience can also help parents process the traumatic events surrounding their baby's death and experience a more gradual goodbye, both of which are productive components of healthy grieving.

Parents also benefit from witnessing others gently touching and holding their baby. The tender and reverent presence of others honors their baby, and offers opportunities for supportive sharing of memories over the normally lengthy grieving process.

Finally, parents benefit from having their cultural and spiritual needs respected. In order to honor the parents' preferences around the care of their baby's body after death, health care practitioners should ask each family to explain their traditions and beliefs.

Facts to Keep in Mind

When parents hold their baby's body for any length of time after death, the impact on postmortem pathology studies is minimal to nonexistent. In most cases, etiologic evaluations can be delayed for hours or a day without significant consequence on their being informative. In specific cases, some examinations will be of greater value if performed within 24 hours after death, and the pathologist should be contacted early to give advice. Especially when early autopsy is indicated or required, the parents benefit from meeting the pathologist who shall perform the autopsy.

After delivery and until the mother is discharged, the baby's body can stay in the room with the parents as much as they desire. When the baby is not with the parents, refrigeration is advised in order to maintain the integrity of the skin and to reduce the normal (though minor) proliferation of any pathogens that were present at the time of death. The baby's body can be placed in a warming unit or wrapped in a warm blanket prior to being held by the parents. For many parents, the benefits of extended and repeated opportunities to spend time with their baby's body far outweigh the benefits of an expedited autopsy.

When parents hold their baby's body for any length of time after death, this has minimal impact on postmortem pathology studies.

- Most etiologic evaluations can be delayed for hours without significant consequence on their being informative, including radiographs, postmortem assessment, and clinical examination, or maternal examinations such as Kleihaur-Betke testing.
- Delays can affect microscopic examination of tissues, but rarely are microscopic studies of tissues from the baby crucial in identifying a cause of death, and these studies are not significantly impeded by delaying examination.
- Even though successful growth of cells from the deceased body's tissues is affected by delays in obtaining and processing samples, successful cultures can often be obtained even if sampling is delayed for 24 hours after death.

- Cellular growth for chromosome studies of samples from the baby's body will be more likely to be successful if cells are obtained within a few hours, but genetic and metabolic skin samples can be obtained by the pathologist quickly and unobtrusively, so that parents can spend as much time as they want with their baby's body before and after the procedure.
- When obtaining tissue samples for cytogenetic evaluation after an intrauterine death, the most crucial samples are placental ones. These should be obtained as soon as possible after delivery, and most often, the placental samples will be sufficient.
- After an intrauterine death several or more days before delivery, postponing autopsy for another day or more will not affect the results.
- As technology progresses, current cytogenetic methods that require growth of tissues are being supplanted, in whole or part, by molecular methods that don't require cellular growth (fluorescent in situ hybridization, microarray comparative genomic hybridization, etc.) and delays will not affect postmortem evaluation.

Guidelines

Delaying autopsy allows parents to spend meaningful and significant blocks of time with their baby after death, and the impact on postmortem pathology studies is minimal to nonexistent. When parents are able to have extended and repeated opportunities to spend time with their baby's body, the psychosocial and emotional benefits to them can significantly outweigh the benefits of prompt postmortem evaluation.

After delivery and until the mother is discharged, the baby's body can stay in the room with the parents as much as they desire. When the baby is not with the parents, refrigeration is advised in order to maintain the integrity of the skin and to reduce the normal, though minor, proliferation of any pathogens that were present at the time of death. (Pathogen proliferation poses an insignificant risk to the parents.) The baby's body can be placed in a warming unit or wrapped in a warm blanket prior to being held by the parents.

When autopsy is indicated or required, contact the pathologist to request advice on whether there are some examinations that will be of greater value if performed within 24 hours after death. Also, parents benefit from meeting the pathologist who shall perform the autopsy. Making personal contact enables the pathologist to reassure the parents that she or he will take good care of their baby, and this contact can increase autopsy rates. Especially when samples need to be collected within 24 hours, the pathologist can give the parents realistic and reassuring information about what the autopsy consists of, and what the baby will look like when he or she is returned to the parents.

For a summary of these and related Guidelines, please refer to PLIDA Practice Guidelines: [When Bereaved Parents Want to Hold their Baby](#)

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