

SCENARIO

Post Mortem Consent

LEARNING OBJECTIVES

Clearly describe post-mortem procedure to grieving family

Demonstrate empathetic communication

Sound understanding of aspects needing to be covered in consent for PM

EQUIPMENT LIST

Scenario Framework

Quiet Room

Trust Patient information leaflet

Trust Consent Form

PERSONNEL

MINIMUM: 2

Trainee

Patient

Partner

FACULTY

MINIMUM: 1

Facilitator

TIME REQUIRMENTS

TOTAL 30mins

Set up: 5 mins

Pre Brief: 5 mins

Simulation: 10mins

Debrief: 10mins

INFORMATION TO CANDIDATE

SCENARIO BACKGROUND

Location: Labour Ward

Situation:

You are the ST3 on labour ward. You are reviewing Mrs Vera Jones. She is 29 years old and sadly has delivered a stillborn baby girl. You met 2 days ago when she attended in early labour and was diagnosed with a IUD.

Task:

You have been asked to discuss with Mrs Jones the option of a post-mortem and obtain their consent.

RCOG CURRICULUM MAPPING

Module 4 Ethics and Legal Issues

Understanding the ethical and legal issues of consent for neonatal post-mortem

INFORMATION FOR ROLEPLAYERS

BACKGROUND

Your name is Vera Jones, you are 29 yrs old and have sadly just given birth to a stillborn baby girl. You have named her Jessica. You and your husband attended the Labour Ward two days ago at 37 wks in early labour and unfortunately your baby had no heartbeat. This was your first pregnancy and you had been well with no problems. You went to the midwife last week and she thought you were measuring bigger than your dates so she sent you to antenatal clinic. The doctor saw you and mentioned something about the possibility of too much fluid around the baby and that you needed a scan. You were booked to have a scan on the day you attended in labour. The past few days have been a blur; you were given some medications to start the labour off and delivered your daughter in the early hours this morning. You would now like to go home but want to know what investigations can be done to try to find out why your daughter died. The doctor is attending to discuss these with you. You obviously find this distressing and are very upset but you realise this is important.

QUESTIONS

How can we find out what happened to my baby?
The doctor will discuss the options with you – ask any questions that if the information is not clear or you are confused.
How long will it take?
Where will my baby go?
Will it delay my daughter's funeral
When will I find out the results?
What if I don't want to have this done? Are there any other options?
Can I change my mind?
Can I see my baby after its done?

INFORMATION TO FACILITATOR**SCENARIO DIRECTION**

Develops rapport with effective communication

Demonstrates empathy

Gives parents time chance to ask questions

Clear explanation of PM

- operation, look at organs, Xray, photos, samples of tissue

Indication for PM

Alternatives (limited/MRI/genetics/metabolic/Photos/xray)

Family to specify limitations

Retention of tissues (wax slides/organs)- keep slides with medical record

Consent research/education future tests

Options for disposal of tissue - delay burial/hospital disposal

Allowed to withdraw consent

Describes what happens to baby after- family can see baby

Follow up with results in clinic 6-12weeks

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Legality of consent: Human Tissue Act 2004

Benefits and disadvantages of PM

(management of future pregnancies, delay of funeral, distress, don't always discover cause of death)

Importance of documentation of discussion

Retention of organs for second opinion, research, teaching and audit, blocks & slides kept for medical records.

Limitations of restricted investigations.

REFERENCES

Sheffield Teaching Hospital *Guide to Neonatal Postmortem*
Green-top Guideline *Late Intrauterine Uterine Fetal Death and Stillbirth*.
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