

**Services for Children and Young
People**

National Perinatal Pathology Services

Tier 2 Service Specification

September 2024

Contents

1. Status	2
2. Review History	2
3. Introduction	3
3.1 Background	3
4. Service Definition	4
5. Service objectives	4
6. Service Users	4
7. Access	5
7.1 Entry Criteria	5
7.2 Exit Criteria	5
7.3 Time	5
8. Service Components	5
8.1 Settings	5
8.2 Referral pathways	5
8.3 Mortuary Services	6
8.4 Support Services	6
8.5 Processes	6
8.6	6
9. Service Linkages	7
10. Exclusions	8
11. Quality Requirements	8
12. Purchase Units	9
13. Reporting Requirements	10
14. Glossary	10
15. Appendices	10

1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ RECOMMENDED ☐

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
First Published on NSFL	2011
Updated: new PU codes: NS10023, NS10024, and NS10025 (replaced retired codes: NS10020, NS10021, NS10022)	January 2019
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024
Consideration for next Service Specification Review	Within five years

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This Tier Two service specification for National Perinatal Pathology Services (the Service) must be used in conjunction with the Tier One Services for Children and Young People specification and is linked (where appropriate) to the tier one Specialist Medical and Surgical Services service specification.

Refer to the overarching tier one service specifications for generic details on:

- Service Objectives
- Service Users
- Māori Health
- Access
- Service Components
- Service Linkages
- Exclusions
- Quality Requirements

The above heading sections are applicable to **all** service delivery.

3.1 Background

The Service was endorsed as a National Service in 2010, with the plan for implementation to occur over a three year period, and be completed by 1 July 2014. At this time the Service included the provision of paediatric pathology services including post-mortem and surgical pathology. Implementation was delayed, in large part because of changes planned by the Ministry of Justice for coronial services.

The needs of the Service are now more clearly understood. Because of different workforce and service requirements for paediatric pathology and perinatal pathology this specification applies to Perinatal Pathology services only.

Post-mortem is a surgical procedure for gathering information about why a baby has died. A pathologist will examine the fetus or baby to look for signs of infection, disease or something unusual that may explain the cause of death. The placenta will also be examined as part of the post-mortem. Post-mortem includes internal and external examination, blood and tissue tests and imaging.

The investigation and diagnosis of diseases affecting the unborn infant and causing stillbirth or early neonatal death have no relation to adult pathology. As such they require a specialised pathology service and workforce to aid investigation and cause of death.

The desired outcome of this national approach is for this Service to be sustainable, accessible for family and whānau, provided to meet quality and safety standards and deliver equitable outcomes.

4. Service Definition

The National Perinatal Pathology Services provide non-coronial post-mortems, including internal, external and placenta examination in the following situations:

- stillbirths and terminations of pregnancy from approximately 14 weeks gestation to term for fetal abnormality, high risk pregnancy, terminations and intrauterine deaths
- neonatal and infant deaths (up to one year).

The Service is a national tertiary specialist service that provides urgent, routine and specialised perinatal post mortem and placenta examination in cases of fetal, neonatal or infant death which are not subject to Coronial authority.

Placenta examinations may be carried out by anatomical or perinatal pathologists. The Service may provide placenta examinations in the following situations:

- at the request of a specialist where there has been a problem with the pregnancy or a deceased baby but no post-mortem is provided
- as a second opinion at the request of another pathologist.

The Services are provided by Auckland and Canterbury District Health Boards, with pathologists based in Auckland, Wellington, Christchurch and Dunedin.

The Service is primarily provided during normal business hours unless circumstances warrant more urgent access. Family or whānau consent is required for a post mortem to be undertaken by the Service.

5. Service objectives

The objective of the Service is to provide timely post-mortem and placenta examination that meets quality and safety expectations. The Service will provide appropriate access and support for bereaved families and whānau.

6. Service Users

The Service User group comprises:

- families and whānau of stillborn infants, neonates and infants from 14 weeks gestation, and up to one year, where a post-mortem is indicated and consent given.
- women who have given birth who require an examination of the placenta following referral from another hospital specialist.
- Referring health care professionals, including lead maternity carers, obstetricians, neonatologists and pathologists.

7. Access

7.1 Entry Criteria

Entry to the Service is via a referral from a community (lead maternity carer or general practitioner), secondary or tertiary health service provider that requires perinatal pathology expertise (post-mortem or placenta examination).

Referrals for placenta examination, without post-mortem, may be whole or partial examination. Placentas associated with fetal death, without post-mortem, should be referred to a perinatal pathologist.

7.2 Exit Criteria

Once a post-mortem or placenta examination has been undertaken, a report with findings will be completed and sent to the referrer ending the Service specialist involvement, unless required for a mortality review meeting. The tūpāpaku, tissue and other samples will be returned to the parent or next of kin if requested.

7.3 Time

The Service will aim to perform

- 95% of post-mortems within two working days of the request for post-mortem examination by the referral centre
- 90% of post-mortem reports will be completed within eight weeks, to align with the scheduled post-natal visit

8. Service Components

8.1 Settings

For post-mortems: these will be undertaken at an IANZ accredited hospital mortuary. The deceased infant will be transported to the designated mortuary centre and returned to the family or whānau or a funeral director following examination. Parental consent is required for all non-forensic autopsies.

For placentas examined by perinatal pathologists where there is no associated post-mortem, these will be undertaken in an IANZ accredited mortuary or laboratory.

8.2 Referral pathways

Referral boundaries for the Service are not fixed. In general, however, referrals to the Service are as follows:

- **Auckland District**, provided through Auckland or Wellington Hospital: Northland, Auckland, Counties Manukau, Waitemata, Waikato, Bay of Plenty, Tairāwhiti, Lakes, Taranaki, MidCentral, Whanganui, Hawke's Bay, Capital & Coast, Hutt Valley, Wairarapa and Nelson Marlborough Districts.
- **Canterbury District**, provided through Christchurch or Dunedin Hospital: West Coast, Canterbury, South Canterbury and Southern Districts.

8.3 Mortuary Services

Appropriate mortuary facilities for perinatal post-mortem and reconstruction work will need to be accessed wherever a post-mortem is required.

8.4 Support Services

The following support services are required to be provided as an integral part of the Service and are funded under this service specification:

- laboratory services
- diagnostic imaging services, including magnetic resonance imaging
- clinical photography
- administrative services including managing data and reporting (support from laboratory).

8.5 Processes

Service Component	Description
Testing / analysis of specimens Performance of autopsies	Performance testing and autopsies are the responsibility of the Service. This includes the provision of all materials, equipment and substances required for the provision of the tests.
Reporting of results	The Service will provide a written or electronic report, preceded by telephone report if required when an urgent response has been sought. The report must include description of findings highlighting and/or describing any abnormalities and providing a diagnosis where appropriate is the responsibility of the Service.
Forwarding of laboratory specimens	It will be the responsibility of the Service to transport to another laboratory specimens for tests: <ul style="list-style-type: none">• not performed in-house for technical, commercial or other reasons• where the tests have been identified as 'regional specialised tests' and District is purchasing such tests from a restricted number of approved sites.
Clinical advice	The Service will provide advice to clinical staff as appropriate on interpretation of results and other clinical issues.
Communication	The patients' family, whānau, General Practitioner and other referrers will receive clear information and support for the period the Service is provided.
Registrar training, scientists and specialist training	The Service will provide training including where appropriate overseas fellowships and attachments) to: Registrars, scientists and Senior Medical Officers, and non- clinical staff / technicians.

9. Service Linkages

Generic service linkages are described in the Tier One Services for Children and Young People service specification.

The Service specific linkages include, but are not limited to the following:

Other Service Provider	Nature of Linkage	Accountabilities of other service provider
District medical, midwifery, nursing and allied staff Lead Maternity Carers District and Community Laboratory providers	Liaise and work with on referral	Receive advice and expert opinion to aid decision making Bereavement counselling Tissue return and disposal.
Primary health care providers including General Practitioners, Nurse Practitioners	Liaise and work with on referral	Receive advice and expert opinion to aid decision making (usually from a secondary provider) Provide education and support to service user.
Private specialists Tertiary fertility service providers Genetic disorder services	Liaise and work with on referral	Receive advice and expert opinion to aid decision making.
Mortuary and forensic pathology services	Liaise and work with collaboratively	Shared facilities on some sites.
Clinical and Diagnostic Genetic services	Liaison and consultation	Receive advice and expert opinion to aid decision making.
National Coronial Service (Ministry of Justice)	Interface with shared workforce Routine post mortem	Communicate regarding activity and service interfaces.
Funeral director services	Liaison and work with	Assist with preparation of the deceased and transportation.
Cancer Society The Paediatric Society Perinatal Society of Australia and New Zealand Stillborn and Newborn Death Support Royal College of Pathologists of Australasia	Liaison	Engage in communications and consultation about service delivery Provide education and support.
Child and Youth Mortality Review Committee (CYMRC) Perinatal and Maternal Mortality Review Committee (PMMRC)	Liaise and work with	Liaise with service provider regarding findings of reviews and recommendations.

Other Service Provider	Nature of Linkage	Accountabilities of other service provider
Māori, iwi and Māori communities and health Service providers	Facilitate access and participation	Liaise with local iwi and communities to ensure cultural appropriateness and accessibility of services.
Pacific Peoples community leaders, health Service providers church leaders	Facilitate access and participation	Liaise with communities to ensure cultural appropriateness and accessibility of services.
Medical Council of New Zealand	Liaison	Engage in communications and consultation.

10. Exclusions

Excluded from the Service are Coronial and Forensic post-mortems that are required at the direction of a duty Coroner, which are provided under agreement with the Ministry of Justice. Coronial (including forensic) post-mortem is generally required when there is:

- known or suspected congenital abnormalities
- suspected post-operative/procedural complications
- concealed deliveries and pregnancies
- deaths where it is unknown if the infant was born alive.

Also excluded are placenta examinations performed by non-perinatal pathologists.

11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

The Services will have peer review mechanisms and professional development plans for pathologists should be in place and implemented.

Perinatal pathologists will have undertaken appropriate training and meet credentialing requirements for provision of perinatal post-mortem.

Mortuary staff will be appropriately trained in perinatal post-mortem and reconstruction.

The Service participates in a recognised quality assurance programme and findings / outcomes are the basis for quality improvements as required.

Providers of post-mortem, mortuary and laboratory services must be registered with an accreditation programme and meet IANZ standard ISO 15189.

Any transport of specimens is undertaken in controlled conditions in accordance with current legislation and guidelines set out by the transportation authorities.

12. Purchase Units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following purchase units apply to this Service.

PU Code (TBC)	PU Description	PU Definition	PU Unit of Measure
NS10023	Non-coronial post-mortem pre 20 weeks gestation	Non Coronial post-mortem including the full or partial post-mortem examination and testing of tissues and organs for a fetus of less than 20 weeks gestation or less than 400 grams if gestation is unknown (may be a live or stillbirth). Includes placenta examination and imaging where provided in conjunction with a post-mortem. The activity is reported using the mother's NHI if a stillbirth. An NHI may be issued and used for reporting if a live birth. Do not use NS10025 if placenta examination is included.	Test
NS10024	Non-coronial post-mortem post 20 weeks gestation	Non Coronial post-mortem including the full or partial post-mortem examination and testing of tissues and organs for a live or stillborn fetus of more than 20 weeks gestation, neonates or infants (up to one year). Includes placenta examination and imaging where provided in conjunction with a post-mortem. An NHI will be issued and used for reporting. Do not use NS10025 if placenta examination is included.	Test
NS10025	Placenta examination	Full or partial examination of a placenta, including slides and tests where this is not part of a post-mortem examination. The mother's NHI will be used for reporting this activity.	Test

Explanation of units of measure for the purchase units

Unit of Measure	Unit of Measure Definition
Test	Number of attendances to a clinic/department/acute assessment unit or domiciliary.

13. Reporting Requirements

The Service must comply with the requirements of national data collections where available.

You are required to collect information and report quarterly to the Ministry of Health (as requested) on the information units given in the table below, until such time as reporting to National Non Admitted Collection (NNPAC) is complete, for the Services provided in the period.

For every post-mortem	<ul style="list-style-type: none">• the source of the referral (District and specialty/role)• the District of maternal residence• maternal NHI• maternal ethnicity• maternal age• the date and time of the referral• the outcome (i.e accepted or not, and whether scheduled during normal or afterhours)• the location of the post-mortem• the pathologist providing the post-mortem• the classification to show, at a minimum:<ul style="list-style-type: none">• stillbirth or termination and if pre or post 20 weeks• early or late neonatal• paediatric (up to or greater than 1 year).
Placenta examinations	<ul style="list-style-type: none">• the source of the referral (District and specialty/role)• primary or secondary examination• the date and time of the referral• the outcome (i.e accepted or not)• where provided• providing pathologist

14. Glossary

Not required

15. Appendices

Not required