

A9 Maternal death

The following sections are collated and amplified from the Department of Health Confidential Enquiries into Maternal Deaths for 1994–1996 and 1997–1999. They summarise the most important pathological aspects of the maternal death autopsy.

Pathologists who perform autopsies on women who are pregnant or who were known to have been pregnant within a year of death should contact the lead clinician to check that the case has been reported. Clinical information for the Enquiries is sometimes incomplete, so pathologists should provide a review of the clinical history in the reports, along with the height and weight of the patient. Fluid balance should be noted and correlated with the pathology.

All cases should have all the major organs sampled for histopathology, including the uterus. The absolute minimum is lungs, heart, kidney, liver, brain, placental site. Specific histological points are noted in relation to the main clinicopathological patterns of maternal mortality.

A9.1 Hypertensive disease

Identify fluid balance. Exclude previous hypertension.
Specific histology: lungs, liver, kidney, heart, brain, placental site.

A9.2 Thromboembolism

Identify predisposing risk factors, previous episodes, family history, anti-coagulant prophylaxis.
Describe the nature and distributions of the emboli, site of origin.

A9.3 Haemorrhage: APH and PPH

Identify the site and severity of bleeding; location of placenta; detail genital tract trauma.
Specific histology: placenta; search for DIC; exclude amniotic fluid embolism.

A9.4 Early pregnancy

Ectopics: ultrasound monitoring and diagnosis. Location and site of ectopic. Estimate blood loss; review the pathology of resected tissues.
Abortions: detail genital tract trauma; site and location of bowel perforation; microbiological culture of tissues and blood.

A9.5 Amniotic fluid embolism

Macroscopic: detailed examination of genital tract for trauma.
Specific histology: both lungs; immunostains for cytokeratin if in doubt.

A9.6 Hyperemesis

Exclude Wernicke's encephalopathy.

A9.7 Epilepsy

Macroscopic: exclude specific brain pathology.
Specific histology: consider eclampsia as cause of fits.
Toxicology: establish anticonvulsant drug levels in the blood.

A9.8 Cardiac deaths

Macroscopic: full description of heart; weigh and measure RV and LV separately.
Specific histology: both ventricles; assess the conducting system; seek specialist opinion if in doubt.

A9.9 Aneurysms

Macroscopic: nature and site of aneurysm.
Specific histology: distribution of arterial pathology.

A9.10 Pre-mortem surgical specimens

The pathologist undertaking a maternal autopsy should also examine or review any recent surgical resection specimen, such as a Caesarian or post-partum hysterectomy. The autopsy report should cross-refer to the surgical specimen, with particular reference to the context of the autopsy findings.