

# Stillbirth investigations flowchart

This flowchart provides guidance to healthcare professionals on appropriate investigations to identify the cause of stillbirth. See Appendix 6B for Neonatal death investigations flowchart.

Core investigations	Clinical presentations	Key selective investigations*
<b>Mother</b> <ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Examination</li> <li>Kleihauer-Betke or Flow cytometry</li> </ul>	Diagnosis is unequivocal (including antenatal diagnosis and termination of pregnancy)	Consider whether further investigations are needed
	Personal or family history of vascular thrombosis; previous pregnancy complications (e.g. recurrent early pregnancy loss)	Antiphospholipid antibody test <sup>a</sup> (repeat at ~6–12 wks postpartum if positive)
	Suspected cholestasis	Bile acids; LFTs
	Suspected systemic infection	Blood cultures, midstream urine, vaginal swabs
	No recent scan or no mid-trimester scan	Consider antepartum fetal ultrasound
	Women who have not had a diabetes screen in current pregnancy; women with pre-pregnancy diabetes	HbA1c
	Other conditions e.g. pre-eclampsia; drug use	Consider if further investigations required
<b>Baby</b> <ul style="list-style-type: none"> <li>Examination</li> <li>Clinical photographs</li> <li>Full autopsy</li> <li>Full body X-ray (Babygram)</li> </ul> <p>If full autopsy declined</p> <p>↓</p> <ul style="list-style-type: none"> <li>Limited autopsy</li> <li>Minimally invasive tissue sampling</li> <li>External examination by the pathologist</li> <li>Full body X-ray (Babygram)</li> <li>Postmortem MRI</li> </ul>	Macerated or suspected brain anomalies	Consider postmortem MRI where services are available
	Large for gestational age; macrosomia; polyhydramnios with no identified anatomical cause	HbA1c
	Hydrops	Maternal anti-red cell antibody serology; Maternal anti-Ro and anti-La antibodies; Infections (parvovirus B19; toxoplasmosis; CMV; syphilis; coxsackie)
	Small for gestational age; fetal growth restriction	HbA1c, Infections (CMV; syphilis) Consider antiphospholipid antibody test <sup>a</sup> if growth restriction (repeat at 6–12 wks postpartum if positive)
<b>Placenta</b> <ul style="list-style-type: none"> <li>Macroscopic examination</li> <li>Histopathology studies</li> <li>Placental microbiology</li> <li>Cytogenetics</li> </ul>	Suspected or confirmed fetal anomalies	Further testing as directed by pathologist, which may include testing for infections; consider clinical genetics review
	Placental abruption or infarction	Antiphospholipid antibody test <sup>a</sup> (repeat at ~6–12 wks postpartum if positive)

<sup>a</sup>Antiphospholipid antibody test includes anticardiolipin, lupus anticoagulant, anti-B2 glycoprotein-1 antibodies; CMV: Cytomegalovirus; LFTs: liver function tests; HbA1c: Haemoglobin A1c; MRI: magnetic resonance imaging