



Hope in the facts of death

Unexplained stillbirth is about 10 times more common than SIDS. Autopsies may offer vital clues, writes **Janelle Miles**

THE nursery was ready. Brisbane couple Nicole and Richard Ireland were eagerly awaiting parenthood, their baby a much anticipated first grandchild on both sides.

But 34 weeks into the pregnancy, Mrs Ireland noticed her baby was not moving as much as usual and excitement about the pending birth soon turned to heartbreak when she and her husband were told he had died.

A day later, the son the Irelands named Nicholas was delivered naturally, showing no obvious signs of any problems.

When doctors asked the couple permission for a pathologist to perform an autopsy to investigate why Nicholas had died, they agreed without hesitation.

"We didn't even contemplate it. We definitely wanted to know what had happened to make the right decisions for the future," Mrs Ireland says.

It was a decision that almost certainly saved the life of their second child, Isabella, born on September 22, 2008.

About six weeks after Nicholas's birth in February 2006, the Irelands were told he had died from the rare condition, neonatal haemochromatosis, in which iron builds up in the liver and other organs, usually resulting in death. The condition is normally only discovered during an autopsy and without treatment in pregnancy, subsequent babies have an 80 to 90 per cent risk of also being affected.

One Australian woman had five stillbirths before having a healthy baby in 2006 when treatment to prevent neonatal haemochromatosis became available.

After Mrs Ireland fell pregnant for a second time, she received weekly intravenous treatments with high-dose immunoglobulin, a blood product, until Isabella's birth to prevent the baby developing the disease that killed her brother. Isabella was only about the 60th baby in the world to be born after their mothers received the treatment.

"Had we not had an autopsy the first time, we wouldn't have had that treatment and things could have been much worse for us," Mrs Ireland, 35, says. "We could have lost a subsequent pregnancy. That's something people should be aware of, I think, that sometimes you can prevent any further pregnancy loss."

About seven in 1000 babies in Queensland are stillborn, defined as those who die in the womb weighing at least 400g or from 20

weeks' gestation. They are issued with birth and death certificates.

In 2005, 375 stillbirths were recorded out of a total of 55,281 births and in 2006, 391 babies were stillborn from 56,708 deliveries. By comparison, nine Queensland children died of sudden infant death syndrome in 2006.

Stillbirth researcher Vicki Flenady, of Brisbane's Mater Mothers Research Centre, says studies have found overweight and obese mothers, smokers, women having their first children, mums-to-be aged 35 or older and those still pregnant at 41 weeks' gestation or beyond are at increased risk of having a still-born baby. Boys are also more at risk of being stillborn than girls.

In some cases, the reason for the stillbirth is clear, but Ms

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Kathy Brzoskowski

Flenady says the cause of death is unexplained in about one-quarter of stillbirths. In Australia, that makes unexplained stillbirth about 10 times more common than SIDS.

Chief Health Officer Jeannette Young's recently released report — The Health of Queenslanders: Prevention of Chronic Disease — says the state's stillbirth rate has remained constant since 1987.

However, researchers suspect some stillbirths could be prevented, particularly those in late pregnancy, with more knowledge about why they happen.

They cite studies into SIDS which led to the successful public health campaign in the early 1990s warning parents against putting their babies on their stomachs to sleep.

University of Queensland Perinatal Research Centre director Paul Colditz says SIDS cases have been slashed by almost 90 per cent since that campaign.

"If you'd asked me in the '80s: 'Would I think that in 15 years we could reduce the SIDS rate by that much?', I probably would have said: 'No,'" says Professor Colditz, who's based at the Royal Brisbane and Women's Hospital. "If you ask me the same question today in relation to stillbirth, I'd sure like to find out."

Although autopsies on still-

"We were in shock.



born babies do not always uncover a cause of death, Ms Flenady says information to help parents understand why their child has died and to inform future pregnancy planning is found in at least a third of cases.

But unlike the Irelands, not all parents of stillborn children agree to an autopsy. Ms Flenady says autopsies are only performed on about 30 per cent of stillborn babies in Queensland.

RBWH pathologist Diane Payton says, in her experience, autopsy rates on stillborns have dropped since she began her training about two decades ago.

In 2001, of the 45 stillbirths recorded at the RBWH, 21 autopsies were performed. Six years later in 2007, the hospital had 88 stillbirths and performed autopsies on 35 babies — a reduction of almost 7 per cent.

Kathy and Bisek Brzoskowski declined the opportunity for an autopsy when their son, Aidan, was stillborn at Redland Hospital two days before Christmas, 2005.

But Mrs Brzoskowski, who already had two healthy daughters, Breanna and Francesca, when Aidan was born by Caesarean, says she may have agreed had the issue been handled differently.

“All I could think of, and it’s still

very clear in my mind, was that they wanted to cut into my baby and I don’t think I had even had the chance to hold him at that stage,” she says. “We had no idea how much time we had to make the decision. We didn’t even have enough sense to ask that question.

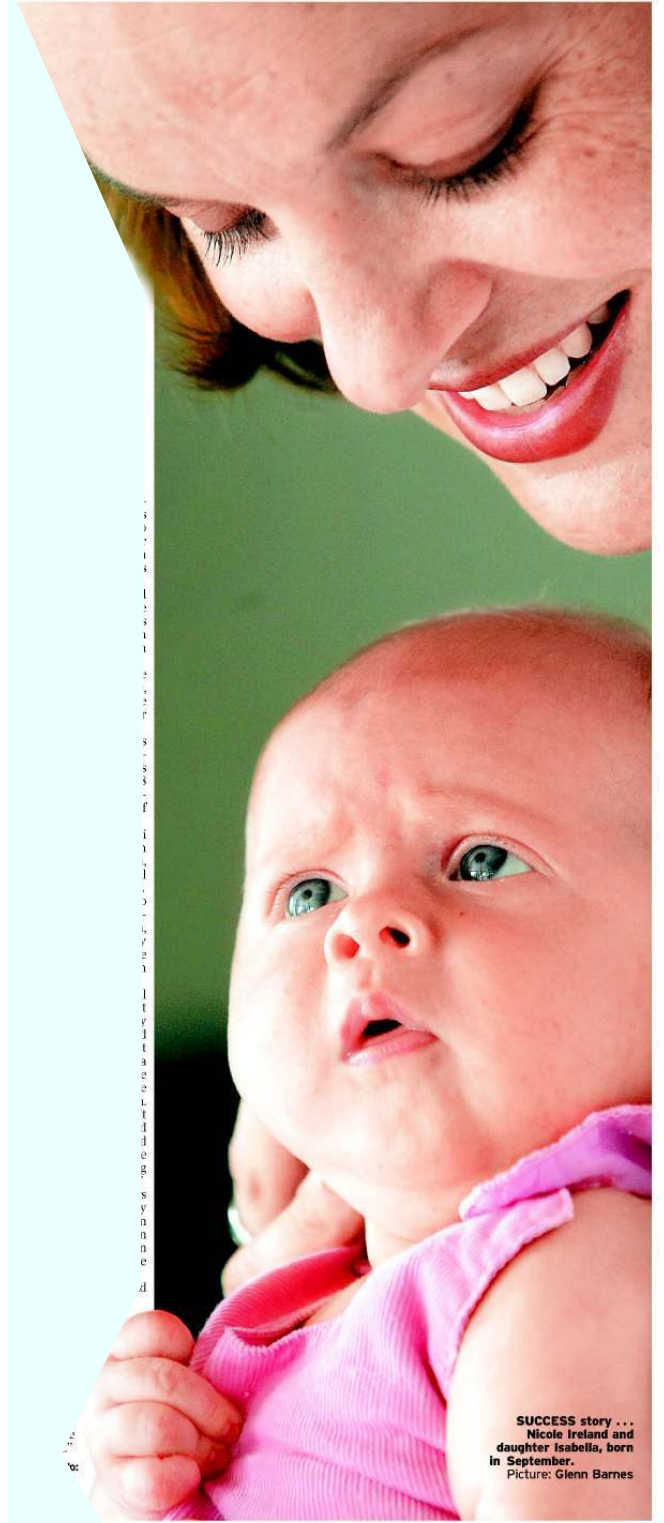
“We were in shock. We weren’t in a position really to make a good decision and I regret that. It’s hard to be rational and think of the bigger picture when you’re going through such an emotional time.”

Three years on, Mrs Brzoskowski says the opportunity to read some sensitively written material on autopsies done on babies, including information about the benefits, would have helped.

After their loss, the Irelands and Brzoskowskis found help from Stillbirth and Neonatal Death Support Queensland.

“I feel really strongly about the work SANDS does,” Mrs Ireland says. “Meeting people who’ve had the same experience is really important.”

For help:
www.sandsqld.com,
www.sidsandkids.org



SUCCESS story . . .
 Nicole Ireland and daughter Isabella, born in September.
 Picture: Glenn Barnes