

## APPENDIX H

### INSTRUCTIONS ON TAKING CLINICAL PHOTOGRAPHS

Clinical photographs should be taken by an expert trained in perinatal pathology or medical imaging, at the time of postmortem. Occasionally situations may arise where by clinical staff (doctor, midwife, nurse) are required to take clinical photographs. Photographs may be critical to making a diagnosis in a non-examined baby. Reasons for staff taking these photographs may include: family not wanting to be separated from the baby, immediate burial is required thus precluding postmortem examination, or prior to deterioration if there is a delay in postmortem being conducted.

#### **Purpose**

High quality medical photographs are necessary as part of the clinical investigation pathway, and ideally digital photographs should be taken. These are most often taken in Perinatal Pathology by trained staff, and/or Medical Imaging may be the appropriate unit in some organisations. There must be a secure process for storage of these images (see local unit policy).

These photographs are in addition to bereavement/social photographs, which are commonly taken by midwives in attendance in the Labour and Birth Suite. There are a number of volunteer organisations who will provide professional bereavement photographs to bereaved parents, often at no charge, and all institutions should be aware of local availability of such a service. There must be a process in place for providing these photographs to parents (see local unit policy).

#### **Consent**

Parental consent is necessary prior to taking clinical photographs (see local unit policy on 'Consent for Taking Clinical Photographs' or similar). If there is no consent policy or consent proforma, ensure that the consent process is documented in the maternal medical record. A generic 'consent' form may be considered if there is no specific consent form available. Documentation should include: information provided on benefit/need for clinical photographs, who will be using the photographs, how photographs are stored, and the purposes for which the photographs can be used, options include for visual examination, for presentation, for publication etc.

Bereavement photographs may require verbal agreement that they are taken and provided (see local unit policy).

#### **Identification**

The baby must be identified in the photographs. Write the baby's medical record number, if available, depending on status at birth, place of birth and local unit policy. If there is no individual medical record number, write the maternal medical record number with the babies date and time of birth. This identifying information should be written on the paper tape measure for identification, some local policy will allow a baby leg/arm band to be used as identification.

Stillborn babies often do not have a medical record number, then use the mother's medical record number and the baby's date and time of birth to identify the body.

If photographs are being used for publication or presentation, it is important that no identifying features are seen.

## Setting

Photographs should be taken in a private area away from the parents, with sensitivity, however. Some parents may request the photographs be taken in their presence.

The setting should comply with Occupations Safety and Health regulations, such as Infection Control Guidelines, Work Place design, etc.

## Scale

Place a paper tape measure next to the baby (a plastic ruler will create glare) for scale. Ensure zero is aligned at the base of the foot or crown of the head; and extend lengthways. You can use sticky tape to ensure the tape is straight (rigid); and measure should be on the bottom of the frame or the left.

## Technique

A hard surface with a blue background is best when taking clinical photos.

The photographs should be taken from directly above the baby. Consequently, it is best to place the baby on a low bench, in order to get sufficient height above the baby.

## Magnification

Use a digital camera to take the photographs, do not use the zoom to get a close up, however, do make sure you move the camera closer to the body. This will produce better quality photographs that may be enlarged for presentation.

## Baby

The baby should be naked for all the photographs.

## Position

- Anterior Posterior (AP) view – whole body frontal including limbs
- Posterior Anterior (PA) view – whole body back including limbs
- Lateral view of the body
- Lateral views of the face
- Frontal view of the face
- Photographs of any abnormalities.

## General Comments

Additionally, staff should

- Refer to local unit policy/guidelines
- Document processes and actions
- Ensure a documentation trail for storage.

### AP View – Whole body frontal including limbs



- Tape measure to the left
- Palms facing up

### PA View – Whole body back including limbs



- Keep the baby in this position for the minimum time possible.
- Tape measure to the left
- Palms facing down

### Lateral view of the body



#### To stabilise:

- Pull underneath arm forwards
- Legs in 'running position'
- Top arm and leg will fall forward which will aid stability
- Keep the tape measure to the left

### Frontal view of the face



- Ensure tape measure is in the frame.

**Right lateral views of the face**



**Left lateral views of the face**



- Keep tape measure to the left of the frame to aid easy identification of the side being viewed.

**Note:** If there are any specific abnormalities these should be photographed individually, with a scale in view and the photograph labelled with the baby's identification.