APPENDIX U
CHANGES TO PSANZ PERINATAL DEATH CLASSIFICATION AND PSANZ NEONATAL DEATH CLASSIFICATION

1. Changes – This revision

1.1 PSANZ Perinatal Death Classification (PSANZ-PDC)

1.1.1 Category 1 – PDC. Addition of new subcategories

PSANZ-PDC version 2009	PSANZ-PDC version 2017
1 Congenital Anomaly (including terminations for congenital abnormalities) 1.1 Central nervous system 1.2 Cardiovascular system 1.3 Urinary system 1.4 Gastrointestinal system 1.5 Chromosomal 1.6 Metabolic 1.7 Multiple/non chromosomal syndromes 1.8 Other congenital anomaly 1.81 Musculoskeletal 1.82 Respiratory 1.83 Diaphragmatic hernia 1.84 Haematological 1.85 Tumours 1.88 Other specified congenital anomaly 1.9 Unspecified congenital anomaly	**1 Congenital Anomaly** 1.1 Structural anomaly 1.11 Nervous system 1.12 Cardiovascular system 1.13 Genitourinary system 1.14 Gastrointestinal system 1.15 Musculoskeletal 1.151 Congenital diaphragmatic hernia 1.152 Gastroschisis/omphalocele 1.16 Respiratory system (include congenital pulmonary airway malformation (CPAM)) 1.17 Haematological 1.18 Multiple Congenital anomaly (no chromosomal/genetic cause or not tested) 1.19 Other congenital abnormality 1.192 Idiopathic hydrops fetalis 1.193 Fetal tumour (include sacro-coccygeal teratoma) 1.198 Other specified 1.199 Congenital anomaly, unspecified 1.2 Chromosomal anomaly 1.21 Down syndrome (trisomy 21) 1.22 Edward syndrome and Patau syndrome (trisomy 18, trisomy 13) 1.23 Other trisomies and partial trisomies of the autosomes, not elsewhere classified (includes pathogenic duplications, unbalanced translocations and insertions) 1.24 Monosomies and deletions from the autosomes, not elsewhere classified (includes pathogenic deletions e.g. 22q11.2 deletion syndrome (diGeorge syndrome), Wolff-Hirschorn syndrome, Cri-du-chat syndrome 1.25 Turner syndrome (monosomy X) 1.26 Other sex chromosome abnormalities (e.g. Klinefelter syndrome) 1.28 Other chromosomal abnormalities, not elsewhere specified (includes Fragile X syndrome, imprinting syndromes, triploidy) 1.29 Unspecified 1.3 Genetic anomaly 1.31 Genetic condition, specified (e.g. Tay-Sachs disease; includes inborn errors of metabolism) 1.32 Syndrome/association with demonstrated chromosomal/gene anomaly. 1.39 Genetic condition, unspecified

1.1.2 Category 2 – PDC. Addition of new subcategories

PSANZ-PDC version 2009		PSANZ-PDC version 2017	
2	**Perinatal infection**	**2**	**Perinatal infection**
2.1	Bacterial	2.1	Bacterial
	2.11 Group B Streptococcus		2.11 Group B Streptococcus
	2.12 E coli		2.12 E coli
	2.13 Listeria monocytogenes		2.13 Listeria monocytogenes
	2.14 Spirochaetal e.g. Syphilis		2.14 Spirochaetal e.g. Syphilis
	2.18 Other bacterial		2.18 Other bacterial
	2.19 Unspecified bacterial		2.19 Unspecified bacterial
2.2	Viral	2.2	Viral
	2.21 Cytomegalovirus		2.21 Cytomegalovirus
	2.22 Parvovirus		2.22 Parvovirus
	2.23 Herpes simplex virus		2.23 Herpes simplex virus
	2.24 Rubella virus		2.24 Rubella virus
	2.28 Other viral		2.25 Zika virus
	2.29 Unspecified viral		2.28 Other viral
2.3	Protozoal e.g. Toxoplasma		2.29 Unspecified viral
2.5	Fungal	2.3	Protozoal e.g. Toxoplasma
2.8	Other specified organism	2.5	Fungal
2.9	Other unspecified organism	2.8	Other specified organism
		2.9	Other unspecified organism

1.1.3 Category 3 – PDC. Removal of subcategories 3.51 and 3.61

PSANZ- PSANZ-PDC version February 2009		PSANZ-PDC version 2017	
3. Hypertension		**3**	**Hypertension**
3.1	Chronic hypertension: essential	3.1	Chronic hypertension: essential
3.2	Chronic hypertension: secondary, e.g. renal disease	3.2	Chronic hypertension: secondary, e.g. renal disease
3.3	Chronic hypertension: unspecified	3.3	Chronic hypertension: unspecified
3.4	Gestational hypertension	3.4	Gestational hypertension
3.5	Pre-eclampsia	3.5	Pre-eclampsia
	3.51 With laboratory evidence of thrombophilia	3.6	Pre-eclampsia superimposed on chronic hypertension
3.6	Pre-eclampsia superimposed on chronic hypertension	3.9	Unspecified hypertension
	3.61 With laboratory evidence of thrombophilia		
3.9	Unspecified hypertension		

1.1.4 Category 4 – PDC. Addition of new category and removal of subcategory 4.11.

PSANZ- PSANZ-PDC version February 2009		PSANZ-PDC version 2017	
4. Antepartum haemorrhage (APH)		**4**	**Antepartum haemorrhage (APH)**
4.1	Placental abruption	4.1	Placental abruption
	4.11 With laboratory evidence of thrombophilia	4.2	Placenta praevia
4.2	Placenta praevia	4.3	Vasa praevia
4.3	Vasa praevia	4.9	APH of undetermined origin

4.8 Other APH 4.9 APH of undetermined origin	

1.1.5 Category 5 – PDC. Addition of subcategories

PSANZ- PSANZ-PDC version February 2009	PSANZ-PDC version 2017
5. Maternal conditions 5.1 Termination of pregnancy for maternal psychosocial indications 5.2 Diabetes / Gestational diabetes 5.3 Maternal injury 5.31 Accidental 5.32 Non-accidental 5.4 Maternal sepsis 5.5 Antiphospholipid Syndrome 5.6 Obstetric cholestasis 5.8 Other specified maternal conditions	**5 Maternal Conditions** 5.1 Termination of pregnancy for maternal psychosocial indications 5.2 Diabetes 5.21 Gestational diabetes 5.22 Pre-existing diabetes 5.3 Maternal injury 5.31 Accidental 5.32 Non-accidental 5.4 Maternal sepsis 5.5 Antiphospholipid syndrome 5.6 Obstetric cholestasis 5.8 Other specified maternal conditions 5.81 Maternal suicide 5.88 Other specified maternal medical or surgical conditions

1.1.6 Category 6 – PDC. Restructure with separation of two Categories

PSANZ- PSANZ-PDC version February 2009	PSANZ-PDC version 2017
6. Specific perinatal conditions 6.1 Twin-twin transfusion 6.2 Fetomaternal haemorrhage 6.3 Antepartum cord complications 6.31 Cord haemorrhage 6.32 True knot with evidence of occlusion 6.38 Other 6.39 Unspecified 6.4 Uterine abnormalities, e.g. bicornuate uterus, cervical incompetence 6.5 Birth trauma (typically infants of >24 weeks gestation or >600g birthweight) 6. Alloimmune disease 6.61 Rhesus 6.62 ABO 6.63 Kell 6.64 Alloimmune thrombocytopenia 6.68 Other 6.69 Unspecified 6.7 Idiopathic hydrops 6.8 Other specific perinatal conditions 6.81 Rupture of membranes after amniocentesis 6.82 Termination of pregnancy for suspected but unconfirmed congenital anomaly, 6.83 Fetal subdural haematoma 6.88 Other 6.9 Unspecified	**6 Complications of multiple pregnancy** 6.1 Monochorionic twins 6.11 Twin to twin transfusion syndrome (TTTS) 6.12 Selective fetal growth restriction (FGR) (i.e. affecting only one twin) 6.13 Monoamniotic twins (including cord entanglement) 6.18 Other 6.19 Unknown or unspecified 6.2 Dichorionic twins 6. 21 Early fetal death in a multiple pregnancy (<20 weeks gestation) 6.22 Selective FGR 6.23 Other 6.29 Unknown or unspecified 6. 3 Complications of higher order multiples (3 or more foetuses) 6.31 Twin to twin transfusion syndrome (TTTS) 6.32 Selective fetal growth restriction (FGR) 6.33 Monoamniotic multiples (including cord entanglement) 6.34 Early fetal death in a multiple pregnancy (<20 weeks gestation) 6.38 Other 6.39 Unknown or unspecified 6.4 Complications where chorionicity is unknown 6.8 Other 6.9 Unspecified **7 Specific perinatal conditions** 7.1 Fetomaternal haemorrhage 7.2 Antepartum cord or fetal vessel complications (excludes monochorionic twins or triplets) 7.21 Cord vessel haemorrhage 7.22 Cord occlusion (True knot with evidence of occlusion or other) 7.23 Other cord complications 7.29 Unspecified cord complications 7.3 Uterine/cervical abnormalities 7.31 Developmental anatomical abnormalities (e.g. bicornuate uterus) 7.38 Other 7.39 Unspecified 7.4 Alloimmune disease 7.41 Rhesus isoimmunisation 7.42 Other red cell antibody 7.43 Alloimmune thrombocytopenia 7.48 Other 7.49 Unspecified 7.5 Fetal antenatal intracranial injury 7.51 Subdural haematoma 7.52 Fetal antenatal ischaemic brain injury 7.53 Fetal antenatal haemorrhagic brain injury 7.6 Other specific perinatal conditions 7.61 Complications of prenatal diagnostic or therapeutic procedures

	7.611 Complications of prenatal diagnostic procedures (e.g. amniocentesis, chorionic villus sampling,) (e.g. rupture of membranes after amniocentesis) 7.612 Complications of fetal ultrasound guided needle interventions (e.g. FBS/fetal transfusion, thoracocentesis, vesicocentesis, fetal cardiac valvoplasty, division of amniotic bands, fetal skin biopsy, unipolar/bipolar diathermy, RFA procedures) 7.613 Complications of fetal shunt interventions (e.g. pleuroamniotic shunt, vesicoamniotic shunt) 7.614 Complications of minimally invasive fetoscopic interventions (e.g. fetoscopic laser surgery for TTTS, FETO for CDH, laser ablation of posterior urethral valves) 7.615 Complications of open maternal fetal surgery (e.g. open maternal fetal surgery for spina bifida) 7.618 Other 7.62 Termination of pregnancy for suspected but unconfirmed congenital anomaly. 7.63 Amniotic band 7.68 Other 7. 9 Unspecified

1.1.7 Category 7– PDC. Restructured and addition of subcategory

PSANZ- PSANZ-PDC version February 2009	PSANZ-PDC version 2017
7. Hypoxic peripartum death (typically infants of >24 weeks gestation or >600g birthweight) 7.1 With intrapartum complications 7.11 Uterine rupture 7.12 Cord prolapse 7.13 Shoulder dystocia 7.18 Other 7.2 Evidence of non-reassuring fetal status in a normally grown infant (e.g. abnormal fetal heart rate, fetal scalp pH/lactate, fetal pulse oximetry without intrapartum complications) 7.3 No intrapartum complications and no evidence of non-reassuring fetal status 7.9 Unspecified hypoxic peripartum death	**8 Hypoxic peripartum death** 8.1 With intrapartum complications (sentinel events) 8.11 Uterine rupture 8.12 Cord prolapse 8.13 Shoulder dystocia 8.14 Complications of breech presentation 8.15 Birth trauma 8.16 Intrapartum haemorrhage 8.18 Other 8.2 Evidence of significant fetal compromise (excluding other complications) 8.3 No intrapartum complications recognised and no evidence of significant compromise identified. 8.9 Unspecified hypoxic peripartum death

1.1.8 Category 8 – PDC. Restructured

PSANZ- PSANZ-PDC version February 2009	PSANZ-PDC version 2017
8. Fetal Growth Restriction (FGR)	**9. Placental dysfunction or causative placental pathology**

8.1 With evidence of reduced vascular perfusion on Doppler studies and /or placental histopathology (e.g. significant infarction, acute atherosis, maternal and/or fetal vascular thrombosis or maternal floor infarction) 8.2 With chronic villitis 8.3 No placental pathology 8.4 No examination of placenta 8.8 Other specified placental pathology 8.9 Unspecified or not known whether placenta examined	9.1 Maternal vascular malperfusion 9.2 Fetal vascular malperfusion 9.3 High grade villitis of unknown etiology (VUE) 9.4 Massive perivillous fibrin deposition/maternal floor infarction 9.5 Severe chronic intervillositis (Histiocytic intervillositis) 9.6 Placental hypoplasia 9.7 No causal placental pathology demonstrated, with antenatal evidence of poor placental function identified (such as abnormal umbilical artery Doppler) 9.7 Placental pathological examination was not performed, with antenatal evidence of poor placental function identified (such as abnormal umbilical artery Doppler) 9.8 Other placental pathology (e.g. multiple pathologies with evidence of loss of placental function leading to death

1.1.9 Category 9 – PDC. Restructured including changes to subcategories

PSANZ- PSANZ-PDC version February 2009	PSANZ-PDC version 2017
9. Spontaneous preterm labour (<37 weeks gestation) 9.1 Spontaneous preterm with intact membranes, or membrane rupture <24 hours before deliver 9.11 With chorioamnionitis on placental histopathology 9.12Without chorioamnionitis on placental histopathology 9.13With clinical evidence of chorioamnionitis, no examination of placenta 9.17No clinical signs of chorioamnionitis, no examination of placenta 9.19Unspecified or not known whether placenta examined 9.2 Spontaneous preterm with membrane rupture ≥24 hours before delivery 9.21With chorioamnionitis on placental histopathology 9.22Without chorioamnionitis on placental histopathology 9.23With clinical evidence of chorioamnionitis, no examination of placenta 9.27No clinical signs of chorioamnionitis, no examination of placenta 9.29Unspecified or not known whether placenta examined 9.3 Spontaneous preterm with membrane rupture of unknown duration before delivery 9.31With chorioamnionitis on placental histopathology 9.32Without chorioamnionitis on placental histopathology 9.33With clinical evidence of chorioamnionitis, no examination of placenta. 9.37 No clinical signs of chorioamnionitis, no examination of placenta 9.39Unspecified or not known whether placenta examined	**10 Spontaneouse preterm labour or rupture of membranes (ROM (<37 weeks gestation)** 10.1 Spontaneous preterm 10.11 With histological chorioamnionitis 10.12 Without histological chorioamnionitis 10.13 With clinical evidence of chorioamnionitis, no examination of placenta 10.17 No clinical signs of chorioamnionitis, no examination of placenta 10.19 Unspecified or not known whether placenta examined 10.2 Spontaneous preterm preceded by premature cervical shortening

1.1.10 Category 10 – Restructured

PSANZ- PSANZ-PDC version February 2009	PSANZ-PDC version 2017
10 Unexplained antepartum death 10.1 With evidence of reduced vascular perfusion on Doppler studies and /or placental histopathology (e.g. significant infarction, acute atherosis, maternal and/or fetal vascular thrombosis or maternal floor infarction) 10.2 With chronic villitis 10.3 No placental pathology 10.4 No examination of placenta 10.8 Other specified placental pathology 10.9 Unspecified or not known whether placenta examined	**11 Unexplained antepartum fetal death** 11.1 Unexplained antepartum fetal death despite full investigation 11.2 Unclassifiable antepartum fetal death with incomplete investigation 11.3 Unclassifiable antepartum fetal death due to unknown level of investigation

1.1.11 Category 10 – PDC. Restructured

PSANZ- PSANZ-PDC version February 2009	PSANZ-PDC version 2017
11. No obstetric antecedent 11.1 Sudden Infant Death Syndrome (SIDS) (See appendix p130) 11.11 SIDS Category IA: Classic features of SIDS present and completely documented. 11.12 SIDS Category IB: Classic features of SIDS present but incompletely documented. 11.13 SIDS Category II: Infant deaths that meet Category I except for one or more features. 11.2 Postnatally acquired infection 11.3 Accidental asphyxiation 11.4 Other accident, poisoning or violence (postnatal) 11.8 Other specified 11.9 Unknown/Undetermined 11.91 Unclassified Sudden Infant Death 11.92 Other Unknown/Undetermined	**12 Neonatal death without obstetric antecedent** 12.1 Neonatal death with no obstetric antecedent factors despite full investigation 12.2 Neonatal death unclassifiable as to obstetric antecedent with incomplete investigation 12.3 Neonatal death unclassifiable as to obstetric antecedent due to unknown level of investigation

1.2 PSANZ Neonatal Death Classification (PSANZ-NDC)

1.2.1 Category 2 – NDC. Name change

PSANZ-NDC version 2009	PSANZ-NDC version 2017
2. Extreme prematurity (typically infants of gestational age ≤24 weeks or birthweight ≤600g) 2.1 Not resuscitated 2.2 Unsuccessful resuscitation 2.9 Unspecified or not known whether resuscitation attempted This group includes infants deemed too immature for resuscitation or continued life support beyond the delivery room, typically infants of gestational age ≤24 weeks or birthweight ≤600g. Resuscitation in this context means the use of positive pressure ventilation.	**2 Periviable infants (typically <24 weeks)** 2.1 Not resuscitated (including infants where there is an antenatal plan for no resuscitation at birth or in the circumstance of re-directed care) 2.2 Unsuccessful resuscitation 2.9 Unspecified or not known whether resuscitation attempted

1.2.2 Category 3 - NDC. Change to subcategories

PSANZ-NDC version 2009	PSANZ-NDC version 2017
3. Cardio-respiratory disorders 3.1 Hyaline membrane disease / Respiratory distress syndrome (RDS) 3.2 Meconium aspiration syndrome 3.3 Primary persistent pulmonary hypertension 3.4 Pulmonary hypoplasia 3.5 Chronic neonatal lung disease (typically, bronchopulmonary dysplasia) 3.6 Pulmonary haemorrhage	**3 Cardio-respiratory disorders** 3.1 Hyaline membrane disease / Respiratory distress syndrome (RDS) 3.2 Meconium aspiration syndrome 3.3 Primary persistent pulmonary hypertension 3.4 Pulmonary hypoplasia 3.5 Pulmonary haemorrhage 3.6 Air leak syndromes 3.61 Pneumothorax

3.7 Pneumothorax 3.8 Other	3.62 Pulmonary interstitial emphysema 3.63 Other 3.7 Patent ductus arteriosus 3.8 Chronic neonatal lung disease (typically, bronchopulmonary dysplasia 3.9 Other 3.91 Neonatal anaemia/hypovolaemia

1.2.3 Category 4 - NDC. Addition of subcategories

PSANZ-NDC version 2009	PSANZ-NDC version 2017
4 Infection 4.1 Bacterial 4.11 Congenital bacterial 4.111 Group B Streptococcus 4.112 E coli 4.113 Listeria monocytogenes 4.114 Spirochaetal, e.g. syphilis 4.118 Other bacterial 4.119 Unspecified bacterial 4.12 Acquired bacterial 4.121 Group B Streptococcus 4.122 E coli 4.125 Other Gram negative bacilli (other than E coli) 4.126 Staphylococcus aureus 4.127 Coagulase negative Staphylococcus 4.128 Other specified bacterial 4.129 Unspecified bacterial 4.2 Viral 4.21 Congenital viral 4.211 Cytomegalovirus 4.213 Herpes simplex virus 4.214 Rubella virus 4.218 Other specified viral 4.219 Unspecified viral 4.22 Acquired viral 4.221 Cytomegalovirus 4.223 Herpes simplex virus 4.224 Rubella virus 4.228 Other specified viral 4.229 Unspecified viral	**4 Neonatal infection** 4.1 Congenital/Perinatal bacterial infection (early onset<48 hrs) 4.11 Blood stream infection/septicaemia 4.111 Positive culture of a pathogen 4.112 Clinical signs of sepsis + ancillary evidence but culture negative 4.12 Bacterial meningitis 4.13 Bacterial pneumonia 4.15 Multiple site bacterial infection 4.18 Other congenital bacterial infection e.g. gastroenteritis, osteomyelitis, cerebral abscess 4.19 Unspecified congenital infection 4.2 Congenital/Perinatal viral infection 4.3 Congenital fungal, protozoan, parasitic infection 4.4 Acquired bacterial infection (late onset>48hrs) 4.41 Blood stream infection/septicaemia 4.411 Positive culture of a pathogen 4.412 Clinical signs of sepsis + ancillary evidence but culture negative 4.42 Bacterial meningitis 4.43 Bacterial pneumonia 4.48 Other acquired bacterial infection e.g. gastroenteritis, osteomyelitis 4.49 Unspecified acquired infection 4.5 Acquired viral infection 4.6 Acquired fungal, protozoan, parasitic infection

1.2.4 Category 5 - NDC. Addition of subcategories

PSANZ-NDC version 2009	PSANZ-NDC version 2017
5. Neurological 5.1 Hypoxic ischaemic encephalopathy / Perinatal asphyxia (typically infants of >24 weeks gestation or >600g birthweight) 5.2 Intracranial haemorrhage 5.21 Intraventricular Haemorrhage	**5 Neurological** 5.1 Hypoxic ischaemic encephalopathy/Perinatal asphyxia 5.2 Cranial haemorrhage 5.21 Intraventricular Haemorrhage 5.22 Subgaleal Haemorrhage

5.22 Subgaleal Haemorrhage 5.23 Subarachnoid Haemorrhage 5.24 Subdural Haemorrhage 5.28 Other Intracranial Haemorrhage 5.8 Other	5.23 Subarachnoid Haemorrhage 5.24 Subdural Haemorrhage 5.28 Other Intracranial Haemorrhage 5.3 Post haemorrhagic hydrocephalus 5.4 Periventricular leukomalacia 5.8 Other

1.2.5 Category 6 - NDC. Addition of subcategories

PSANZ-NDC version 2009	PSANZ-NDC version 2017
6. Gastrointestinal 6.1 Necrotising enterocolitis 6.8 Other	**6 Gastrointestinal** 6.1 Necrotising enterocolitis (NEC) 6.2 Short gut syndrome 6.3 Gastric or intestinal perforation (excluding NEC) 6.4 Gastrointestinal haemorrhage 6.8 Other

1.2.6 Category 7 - NDC. Addition of subcategories

PSANZ-NDC version 2009	PSANZ-NDC version 2017
7. Other 7.1 Sudden Infant Death Syndrome (SIDS) 7.11 SIDS Category IA: Classic features of SIDS present and completely documented. 7.12 SIDS Category IB: Classic features of SIDS present but incompletely documented. 7.13 SIDS Category II : Infant deaths that meet category I except for one or more features. 7.2 Multisystem failure 7.21 Secondary to intrauterine growth restriction 7.28 Other specified 7.29 Unspecified/undetermined primary cause or trigger event 7.3 Trauma 7.31 Accidental 7.32 Non accidental 7.39 Unspecified 7.4 Treatment complications 7.41 Surgical 7.42 Medical 7.8 Other specified 7.9 Unknown/Undetermined 7.91 Unclassified Sudden Infant Death 7.92 Other Unknown/Undetermined	**7 Other** 7.1 Sudden unexpected death in infancy (SUDI) 7.11 Sudden Infant Death Syndrome (SIDS) 7.112 SIDS Category IA: Classic features of SIDS present and completely documented. 7.113 SIDS Category IB: Classic features of SIDS present but incompletely documented. 7.114 SIDS Category II: Infant deaths that meet category I except for one or more features. 7.12 Unclassified Sudden Infant Death in the neonatal period 7.121 Bed sharing 7.122 Not bed sharing 7.19 Unknown/Undetermined 7.2 Multisystem failure 7.21 Secondary to intrauterine growth restriction 7.28 Other specified 7.29 Unspecified/undetermined primary cause or trigger event 7.3 Trauma 7.31 Accidental 7.32 Non accidental 7.39 Unspecified 7.4 Treatment complications 7.41 Surgical 7.42 Medical 7.5 Unsuccessful resuscitation in infants of 28 weeks gestation or more without an obvious sentinel event

	7.8 Other specified to unknown level of

1.2.7 Addition of PSANZ Associated Conditions for both stillbirths and neonatal deaths

2. Changes made in the 2009 revision

The 2009 revision incorporates amendments to the PSANZ Perinatal Death Classification (PSANZ-PDC) and PSANZ Neonatal Death Classification (PSANZ-NDC) based on feedback received from users and discussion with the guideline working party which includes developers of the classification systems. The changes to previous version dated October 2004 are listed here. Previous changes made are listed at the end of this appendix.

2.1 PSANZ Perinatal Death Classification (PSANZ-PDC)

2.1.1 The inclusion of a code to identify terminations of pregnancy for congenital abnormality

PSANZ-PDC version October 2004	PSANZ-PDC version April 2009
1 Congenital Abnormality (including terminations for congenital abnormalities) 1.1 Central nervous system 1.2 Cardiovascular system 1.3 Urinary system 1.4 Gastrointestinal system 1.5 Chromosomal 1.6 Metabolic 1.7 Multiple/non chromosomal syndromes 1.8 Other congenital abnormality 1.81 Musculoskeletal 1.82 Respiratory 1.83 Diaphragmatic hernia 1.84 Haematological 1.85 Tumours 1.88 Other specified congenital abnormality 1.9 Unspecified congenital abnormality	**1 Congenital Abnormality (including terminations for congenital abnormalities)** 1.1 Central nervous system 1.2 Cardiovascular system 1.3 Urinary system 1.4 Gastrointestinal system 1.5 Chromosomal 1.6 Metabolic 1.7 Multiple/non chromosomal syndromes 1.8 Other congenital abnormality 1.81 Musculoskeletal 1.82 Respiratory 1.83 Diaphragmatic hernia 1.84 Haematological 1.85 Tumours 1.88 Other specified congenital abnormality 1.9 Unspecified congenital abnormality Please note that terminations of pregnancy for perinatal deaths within this category should be identified by the inclusion of an “09” for two-digit codes and a “9” for the three digit codes

2.1.2 Change of wording for Category 5.5

PSANZ-PDC version October 2004	PSANZ-PDC version April 2009
5 Maternal conditions 5.1 Termination of pregnancy for maternal psychosocial indications 5.2 Diabetes / Gestational diabetes 5.3 Maternal injury 5.31 Accidental 5.32 Non-accidental 5.4 Maternal sepsis 5.5 Lupus obstetric syndrome 5.6 Obstetric cholestasis 5.8 Other specified maternal conditions	**5 Maternal conditions** 5.1 Termination of pregnancy for maternal psychosocial indications 5.2 Diabetes / Gestational diabetes 5.3 Maternal injury 5.31 Accidental 5.32 Non-accidental 5.4 Maternal sepsis 5.5 Antiphospholipid syndrome 5.6 Obstetric cholestasis 5.8 Other specified maternal conditions

2.1.3 Addition of subcategories under Categories 6.3 and 6.8

PSANZ-PDC version October 2004	PSANZ-PDC version February 2009
6 Specific perinatal conditions 6.1 Twin-twin transfusion 6.2 Fetomaternal haemorrhage 6.3 Antepartum cord complications (e.g. cord haemorrhage; true knot with evidence of occlusion) 6.4 Uterine abnormalities, e.g. bicornuate uterus, cervical incompetence 6.5 Birth trauma (typically infants of >24 weeks gestation or >600g birthweight) 6.6 Alloimmune disease 6.61 Rhesus 6.62 ABO 6.63 Kell 6.64 Alloimmune thrombocytopenia 6.68 Other 6.69 Unspecified 6.7 Idiopathic hydrops 6.8 Other specific perinatal conditions (includes iatrogenic conditions such as rupture of membranes after amniocentesis, termination of pregnancy for suspected but unconfirmed congenital abnormality).	**6 Specific perinatal conditions** 6.1 Twin-twin transfusion 6.2 Fetomaternal haemorrhage 6.3 Antepartum cord complications 6.31 Cord haemorrhage 6.32 True knot with evidence of occlusion 6.38 Other 6.39 Unspecified 6.4 Uterine abnormalities, e.g. bicornuate uterus, cervical incompetence 6.5 Birth trauma (typically infants of >24 weeks gestation or >600g birthweight) 6.6 Alloimmune disease 6.61 Rhesus 6.62 ABO 6.63 Kell 6.64 Alloimmune thrombocytopenia 6.68 Other 6.69 Unspecified 6.7 Idiopathic hydrops 6.8 Other specific perinatal conditions 6.81 Rupture of membranes after amniocentesis 6.82 Termination of pregnancy for suspected but unconfirmed congenital abnormality, 6.83 Fetal subdural haematoma 6.88 Other 6.89 Unspecified

2.1.4 Fetal growth restriction (FGR) Category 8 - customised birthweight centiles

A recommendation for the collection of data to determine FGR according to Customised birthweight centiles.(please see item 7.5.1.)

2.2 PSANZ Neonatal Death Classification (PSANZ-NDC)

2.2.1 Addition of new categories: 3.6 Pulmonary haemorrhage and 3.7 Pneumothorax

PSANZ-NDC version October 2004	PSANZ-NDC version February 2009
3 Cardio-respiratory disorders 3.1 Hyaline membrane disease / Respiratory Distress Syndrome (RDS) 3.2 Meconium aspiration syndrome 3.3 Primary persistent pulmonary hypertension 3.4 Pulmonary hypoplasia 3.5 Chronic neonatal lung disease (typically, bronchopulmonary dysplasia) 3.8 Other	**3 Cardio-respiratory disorders** 3.1 Hyaline membrane disease / Respiratory distress syndrome (RDS) 3.2 Meconium aspiration syndrome 3.3 Primary persistent pulmonary hypertension 3.4 Pulmonary hypoplasia 3.5 Chronic neonatal lung disease (typically, bronchopulmonary dysplasia) 3.6 Pulmonary haemorrhage 3.7 Pneumothorax 3.8 Other

2.2.2 Addition of new categories: 4.1 Congenital and 4.2 Acquired; Additional subcategories under Categories 4.1 and 4.2

PSANZ-NDC version October 2004	PSANZ-NDC version February 2009
4 Infection 4.1 Bacterial 4.11 Congenital bacterial 4.12 Acquired bacterial 4.2 Viral 4.21 Congenital viral 4.22 Acquired viral 4.3 Protozoal e.g. Toxoplasma 4.4 Spirochaetal e.g. Syphilis 4.5 Fungal 4.8 Other 4.9 Unspecified organism	**4 Infection** 4.1 Bacterial 4.11 Congenital bacterial4.111 Group B Streptococcus 4.112 E coli 4.113 Lysteria monocytogenes 4.114 Spirochaetal, e.g. syphilis 4.118 Other bacterial 4.119 Unspecified bacterial 4.12 Acquired bacterial 4.121 Group B Streptococcus 4.122 E coli 4.125 Other Gram negative bacilli (other than E coli) 4.126 Staphylococcus aureus 4.127 Coagulase negative Staphylococcus 4.128 Other specified bacterial 4.129 Unspecified bacterial 4.2 Viral 4.21 Congenital viral 4.211 Cytomegalovirus 4.213 Herpes simplex virus 4.214 Rubella virus 4.218 Other specified viral 4.219 Unspecified viral 4.22 Acquired viral 4.221 Cytomegalovirus 4.223 Herpes simplex virus 4.224 Rubella virus 4.228 Other specified viral 4.229 Unspecified viral 4.3 Protozoal e.g. Toxoplasma 4.5 Fungal

	4.8 Other specified organism 4.9 Unspecified organism

2.2.3 Additional subcategories under Category 5.2 Intracranial haemorrhage

PSANZ-NDC version October 2004	PSANZ-NDC version February 2009
5. Neurological 5.1 Hypoxic ischaemic encephalopathy / Perinatal asphyxia (typically infants of >24 weeks gestation or >600g birthweight) 5.2 Intracranial haemorrhage 5.8 Other	**5. Neurological** 5.1 Hypoxic ischaemic encephalopathy / Perinatal asphyxia (typically infants of >24 weeks gestation or >600g birthweight) 5.2 Intracranial haemorrhage 5.21 Intraventricular Haemorrhage 5.22 Subgaleal Haemorrhage 5.23 Subarachnoid Haemorrhage 5.24 Subdural Haemorrhage 5.28 Other Intracranial Haemorrhage 5.8 Other

2.2.4 Addition of a new category – 7.4 Treatment complications; Additional subcategories under 7.2 and 7.3.

PSANZ-NDC version October 2004	PSANZ-NDC version February 2009
7 Other 7.1 Sudden Infant Death Syndrome (SIDS) 7.11 SIDS Category IA: Classic features of SIDS present and completely documented. 7.12 SIDS Category IB: Classic features of SIDS present but incompletely documented. 7.13 SIDS Category II : Infant deaths that meet category I except for one or more features. 7.2 Multisystem failure-only if unknown primary cause or trigger event 7.3 Trauma 7.8 Other specified 7.9 Unknown/Undetermined 7.91 Unclassified Sudden Infant Death 7.92 Other Unknown/Undetermined	**7 Other** 7.1 Sudden Infant Death Syndrome (SIDS) 7.11 SIDS Category IA: Classic features of SIDS present and completely documented. 7.12 SIDS Category IB: Classic features of SIDS present but incompletely documented. 7.13 SIDS Category II : Infant deaths that meet category I except for one or more features. 7.2 Multisystem failure 7.21 Secondary to intrauterine growth restriction 7.28 Other specified 7.29 Unspecified/undertemined primary cause or trigger event 7.3 Trauma 7.31 Accidental 7.32 Non accidental 7.39 Unspecified 7.4 Treatment complications 7.41Surgical 7.42 Medical 7.8 Other specified 7.9 Unknown/Undetermined 7.91 Unclassified Sudden Infant Death 7.92 Other Unknown/Undetermined

3. Changes made in the October 2004 revision

3. 1 Classification of associated factors

To enable consideration of factors associated with perinatal death, following classification of the main obstetric antecedent factor according to the PSANZ-PDC, and in addition for neonatal deaths the neonatal factor according to the PSANZ-NDC, it is now recommended that up to two associated factors, where present, be recorded using the classifications.

For example, when the death was due to placental abruption which was preceded by pre-eclampsia, according to the PSANZ-PDC, the death is classified as *Hypertension - Pre-eclampsia* (subcategory 3.5) and the associated factor is classified as *Antepartum Haemorrhage Placental Abruption* (subcategory 4.1).

3.2 Subcategories for Special Interest Groups: PDC and NDC

The subcategories in Addendums 1 and 2 for Special Interest Groups in the PSANZ-PDC and PSANZ-NDC version May 23rd 2003 have been removed from the guideline. These subcategories have been superseded by the incorporation of classifying associated factors as discussed in 1 above and the additional of subcategories within the classification (*Please see Hypertension* Category 3 and *APH* Category 4).

3. 3 Minimum data set for perinatal deaths

The SIG has developed a recommended core dataset for the purpose of classification and reporting of perinatal deaths (see *PSANZ Perinatal Mortality Audit Package* Section 2; Appendix 1) is recommended for this purpose. It is hoped that the use of this core dataset will enhance the quality of perinatal audit and thus the value of analyses of perinatal mortality audit and research activities across ANZ.

3.4 Changes to the Perinatal Death Classification Categories

3.4.1 Congenital abnormality: Category 1.

Additional subcategories have been included under Category 1.8 *Other congenital abnormality*. These are: Category 1.84 *Haematological* for classification of deaths due to haematological abnormalities such as thalassemia; and Category 1.85 *Tumours* for classification of tumours which includes cystic hygroma. Subcategory 1.7 has been renamed to *Multiple/non chromosomal syndromes*. In addition, clarification of Categories 1.8 *Other congenital abnormality* and 1.9 *Unspecified congenital abnormality* has been included in the Classification Guide. Categories 1.3 *Urinary tract* and 1.4 *Gastrointestinal tract* have been renamed to Urinary system and Gastrointestinal system.

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
1 Congenital Abnormality (including terminations for congenital abnormalities) 1.1 Central nervous system	**1 Congenital Abnormality (including terminations for congenital abnormalities)** 1.1 Central nervous system

1.2 Cardiovascular system 1.3 Urinary tract 1.4 Gastrointestinal tract 1.5 Chromosomal 1.6 Metabolic 1.7 Multiple 1.8 Other congenital abnormality 1.81 Musculoskeletal 1.82 Respiratory 1.83 Diaphragmatic hernia 1.88 Other specified congenital abnormality 1.9 Unspecified congenital abnormality	1.2 Cardiovascular system 1.3 Urinary system 1.4 Gastrointestinal system 1.5 Chromosomal 1.6 Metabolic 1.7 Multiple/non chromosomal syndromes 1.8 Other congenital abnormality 1.81 Musculoskeletal 1.82 Respiratory 1.83 Diaphragmatic hernia 1.84 Haematological 1.85 Tumours 1.88 Other specified congenital abnormality 1.9 Unspecified congenital abnormality

3.4.2 Perinatal infection: Category 2.

Subcategory 2.4 *Spirochaetal e.g. Syphilis* has been moved to 2.14. Category 2.8 has been renamed *Other specified organism* and 2.9 *Other unspecified organism*. In addition, clarification of the use of subcategories 2.8 and 2.9 has been included in the Classification Guide.

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
2 Perinatal infection 2.1 Bacterial 2.11 Group B Streptococcus 2.12 E coli 2.13 Listeria monocytogenes 2.18 Other bacterial 2.19 Unspecified bacterial 2.2 Viral 2.21 Cytomegalovirus 2.22 Parvovirus 2.23 Herpes simplex virus 2.24 Rubella virus 2.28 Other viral 2.29 Unspecified viral 2.3 Protozoal e.g. Toxoplasma 2.4 Spirochaetal e.g. Syphilis 2.5 Fungal 2.8 Other 2.9 Unspecified organism	**2 Perinatal infection** 2.1 Bacterial 2.11 Group B Streptococcus 2.12 E coli 2.13 Listeria monocytogenes 2.14 Spirochaetal e.g. Syphilis 2.18 Other bacterial 2.19 Unspecified bacterial 2.2 Viral 2.21 Cytomegalovirus 2.22 Parvovirus 2.23 Herpes simplex virus 2.24 Rubella virus 2.28 Other vira 2.29 Unspecified viral 2.3 Protozoal e.g. Toxoplasma 2.5 Fungal 2.8 Other specified organism 2.9 Other unspecified organism

3.4.3 Hypertension: Category 3

Two subcategories have been included to identify laboratory evidence of thrombophilia with pre-eclampsia (Subcategories 3.51 and 3.61). These categories were included in the previous version of the guideline in the Addendum for Special Interest Groups.

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
3 Hypertension 3.1 Chronic hypertension: essential 3.2 Chronic hypertension: secondary, e.g. renal disease 3.3 Chronic hypertension: unspecified 3.4 Gestational hypertension 3.5 Pre-eclampsia 3.6 Pre-eclampsia superimposed on chronic hypertension 3.9 Unspecified hypertension	**3. Hypertension** 3.1 Chronic hypertension: essential 3.2 Chronic hypertension: secondary, e.g. renal disease 3.3 Chronic hypertension: unspecified 3.4 Gestational hypertension 3.5 Pre-eclampsia 3.51 With laboratory evidence of thrombophilia 3.6 Pre-eclampsia superimposed on chronic hypertension 3.61 With laboratory evidence of thrombophilia 3.9 Unspecified hypertension

3.4.4 Antepartum haemorrhage Category 4

An additional subcategory 4.11 has been included to identify laboratory evidence of thrombophilia with placental abruption. This category was previously included in the Addendum for Special Interest Groups.

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
4 Antepartum Haemorrhage (APH) 4.1 Placental abruption 4.2 Placenta praevia 4.3 Vasa praevia 4.8 Other APH 4.9 APH of undetermined origin	**4 Antepartum Haemorrhage (APH)** 4.1 Placental abruption 4.11 With laboratory evidence of thrombophilia 4.2 Placenta praevia 4.3 Vasa praevia 4.8 Other APH 4.9 APH of undetermined origin

3.4.5 Maternal conditions: Category 5.

Category 5.1 has been renamed to *Termination of pregnancy for maternal psychosocial indications.* Additional subcategories have been included as follows: 5.5 *Lupus obstetric syndrome* and 5.6 *Obstetric cholestasis* (previously classified under 5.8 *Other maternal conditions).*

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
5 Maternal Conditions 5.1 Termination of pregnancy (other than for congenital (fetal) abnormality) 5.2 Diabetes / Gestational diabetes 5.3 Maternal injury 5.31 Accidental 5.32 Non-Accidental 5.4 Maternal sepsis 5.8 Other maternal conditions, e.g. Lupus obstetric syndrome	**5 Maternal Conditions** 5.1 Termination of pregnancy for maternal psychosocial indications 5.2 Diabetes / Gestational diabetes 5.3 Maternal injury 5.31 Accidental 5.32 Non-accidental 5.4 Maternal sepsis 5.5 Lupus obstetric syndrome

	5.6 Obstetric cholestasis 5.8 Other specified maternal conditions

3.4.6 Hypoxic peripartum death: Category 7

An additional subcategory has been included: 7.2 Evidence of non-reassuring fetal status in a normally grown infant (e.g. abnormal fetal heart rate, fetal scalp ph/lactate, fetal pulse oximetry without intrapartum complications). This category identifies hypoxic peripartum deaths where there was evidence of fetal distress in a normally grown infant without apparent intrapartum complications as defined in 7.1. A new subcategory 7.3 has been included to identify deaths where there are no apparent complications as defined in 7.1 and no evidence of non-reassuring fetal status as defined in 7.2.

In the circumstance of a growth restricted infant fulfilling the criteria for this category, the death should be classified as Category 8 *Fetal Growth Restriction* with the exception of deaths due to an intrapartum obstetric complication where the death should be classified as Category 7.1. The Classification Guide has been updated to incorporate these changes and also to clarify the application of Category 7.9 *Unspecified hypoxic peripartum death.*

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
7 Hypoxic Peripartum Death (typically infants of >24 weeks gestation or >600g birthweight) 7.1 With intrapartum complications 7.11 Uterine rupture 7.12 Cord prolapse 7.13 Shoulder dystocia 7.18 Other 7.2 No apparent complications 7.9 Unspecified hypoxic peripartum death	**7 Hypoxic Peripartum Death (typically infants of >24 weeks gestation or >600g birthweight)** 7.1 With intrapartum complications 7.11 Uterine rupture 7.12 Cord prolapse 7.13 Shoulder dystocia 7.18 Other 7.2 Evidence of non-reassuring fetal status in a normally grown infant (e.g. abnormal fetal heart rate, fetal scalp pH/lactate, fetal pulse oximetry without intrapartum complications) 7.3 No intrapartum complications and no evidence of non-reassuring fetal status. 7.9 Unspecified hypoxic peripartum death

3.4.7 Fetal Growth Restriction (FGR): Category 8

Revised definition

The definition of FGR in the case of a macerated stillborn infant with suspected Small for Gestational Age (SGA) and without prior antenatal ultrasound evidence of FGR has been revised to include infants with a brain:liver ratio of 4:1 at autopsy. Suspected Small for Gestational Age (SGA) macerated stillbirths without prior ultrasound evidence of FGR or brain:liver ratio of 4:1 at autopsy should be classified as *Unexplained Antepartum Death* (Category 10), as the weight discrepancy may be a post mortem effect. Customised centiles[2] should be used in determining the presence of FGR, however, as yet data are not available to recommend their routine use in ANZ. It is also recommended that for fetal deaths, where possible, the date of death and not date of birth be used to define the presence of FGR.

The changes to subcategories are as follows:
Subcategory 8.1 description changed to include Doppler evidence; subcategory 8.3 new wording: *No placental pathology*; new subcategory 8.8 *Other placental pathology* is used when placental pathology as described in the subcategories 8.1 or 8.2 is not present.

Clarification of the use of subcategory 8.9 *Unspecified or not known whether placenta examined* has been included in the Classification Guide.

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
8 Fetal Growth Restriction (FGR) 8.1 With evidence of uteroplacental insufficiency e.g. significant infarction, acute atherosis, maternal and/or fetal vascular thrombosis or maternal floor infarction 8.2 With chronic villitis 8.3 Without the above placental pathology 8.4 No examination of placenta 8.9 Unspecified FGR or not known whether placenta examined	**8 Fetal Growth Restriction (FGR)** 8.1 With evidence of reduced vascular perfusion on Doppler studies and /or placental histopathology (e.g. significant infarction, acute atherosis, maternal and/or fetal vascular thrombosis or maternal floor infarction) 8.2 With chronic villitis 8.3 No placental pathology 8.4 No examination of placenta 8.8 Other specified placental pathology 8.9 Unspecified or not known whether placenta examined

3.4.8 Spontaneous preterm: Category 9

Description change for subcategories 9.11, 9.21 and 9.31 to *With chorioamnionitis confirmed on placental histopathology* to clarify the need for placental confirmation of chorioamnionitis for this category; new *s*ubcategories 9.13, 9.23 or 9.33 for clinical chorioamnionitis where no placental histopathology is available; new subcategories 9.17, 9.27 and 9.37 *No clinical signs of chorioamnionitis, no examination of placenta.*

Clinical chorioamnionitis is defined as maternal fever (≥38 ^{0}C) associated with one or more of the following symptoms or signs: maternal or fetal tachycardia, uterine tenderness, malodorous amniotic fluid, and maternal leukocytosis or raised C-reactive protein. Clarification on the use of subcategory 9.39 has been included in the Classification Guide.

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
9 Spontaneous Preterm (<37 weeks gestation) 9.1 Spontaneous preterm with intact membranes, or membrane rupture <24 hours before delivery 9.11 With chorioamnionitis 9.12 Without chorioamnionitis 9.13 No examination of placenta 9.19 Unspecified or not known whether placenta examined 9.2 Spontaneous preterm with membrane rupture ≥24 hours before delivery 9.21 With chorioamnionitis, 9.22 Without chorioamnionitis,	**9 Spontaneous Preterm (<37 weeks gestation)** 9.1 Spontaneous preterm with intact membranes, or membrane rupture <24 hours before delivery 9.11 With chorioamnionitis on placental histopathology 9.12 Without chorioamnionitis on placental histopathology 9.13 With clinical evidence of chorioamnionitis, no examination of placenta 9.17 No clinical signs of chorioamnionitis, no examination of placenta 9.19 Unspecified or not known whether placenta

9.23 No examination of placenta 9.29 Unspecified or not known whether placenta examined 9.3 Spontaneous preterm with membrane rupture of unknown duration before delivery, 9.31 With chorioamnionitis 9.32 Without chorioamnionitis 9.33 No examination of placenta 9.39 Unspecified or not known whether placenta examined	examined 9.2 Spontaneous preterm with membrane rupture ³24 hours before delivery 9.21 With chorioamnionitis on placental histopathology 9.22 Without chorioamnionitis on placental histopathology 9.23 With clinical evidence of chorioamnionitis, no examination of placenta 9.27 No clinical signs of chorioamnionitis, no examination of placenta 9.29 Unspecified or not known whether placenta examined 9.3 Spontaneous preterm with membrane rupture of unknown duration before delivery 9.31 With chorioamnionitis on placental histopathology 9.32 Without chorioamnionitis on placental histopathology 9.33 With clinical evidence of chorioamnionitis, no examination of placenta 9.37 No clinical signs of chorioamnionitis, no examination of placenta 9.39 Unspecified or not known whether placenta examined

3.4.9 Unexplained antepartum death: Category 10

Description change to subcategory 10.1 to include Doppler evidence of reduced vascular perfusion; subcategory 10.3 has been reworded; new subcategory 10.8 *Other placental pathology* is used when placental pathology as described in the subcategories 10.1 or 10.2 is not present; Category 10.9 description changed for clarity. Clarification of the use of subcategory 10.9 *Unspecified or not known whether placenta examined* has been included in the Classification Guide.

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
10 Unexplained Antepartum Death 10.1 With evidence of uteroplacental insufficiency, e.g. significant infarction, acute atherosis, maternal and/or fetal vascular thrombosis or maternal floor infarction 10.2 With chronic villitis 10.3 Without the above placental pathology 10.4 No examination of placenta 10.9 Unspecified unexplained antepartum death or not known whether placenta examined	**10 Unexplained Antepartum Death** 10.1 With evidence of reduced vascular perfusion on Doppler studies and /or placental histopathology (e.g. significant infarction, acute atherosis, maternal and/or fetal vascular thrombosis or maternal floor infarction) 10.2 With chronic villitis 10.3 No placental pathology 10.4 No examination of placenta 10.8 Other specified placental pathology 10.9 Unspecified or not known whether placenta examined

3.4.10 No obstetric antecedent: Category 11.

Subcategories 11.1 *SIDS* and 11.91 *Unclassified Sudden Infant Death* are defined according to the new SIDS classification system by Krous et al[(11)]. This classification system provides a broad overall definition of SIDS which is then subcategorised on the basis of specific epidemiological features and the amount of information available (*Please* see below). Subcategory 11.92 *Other*

Unknown/Undetermined has been included to identify unknown causes of death which do not fulfil the criteria of Category 11.92.

An explanation of the categories is included in the Classification Guide.

In addition, subcategory 11.8 has been renamed to *Other specified* for clarity and includes classification of conditions which are not included in subcategories.

PSANZ-PDC version May 23rd 2003	PSANZ-PDC version October 2004
11 No Obstetric Antecedent 11.1 SIDS 11.11 Consistent with SIDS 11.12 Possible SIDS 11.2 Postnatally acquired infection 11.3 Accidental asphyxiation 11.4 Other accident, poisoning or violence (postnatal) 11.8 Other 11.9 Unknown / Unexplained	**11 No Obstetric Antecedent** 11.1 Sudden Infant Death Syndrome (SIDS) 11.11 SIDS Category IA: Classic features of SIDS present and completely documented. 11.12 SIDS Category IB: Classic features of SIDS present but incompletely documented. 11.13 SIDS Category II : Infant deaths that meet Category I except for one or more features. 11.2 Postnatally acquired infection 11.3 Accidental asphyxiation 11.4 Other accident, poisoning or violence (postnatal) 11.8 Other specified 11.9 Unknown/Undetermined 11.91 Unclassified Sudden Infant Death 11.92 Other Unknown/Undetermined

3.5 Changes to the Neonatal Death Classification Categories

3.5.1 Congenital abnormality: Category 1.

Changes to subcategories have been made as for the Perinatal Death Classification.

3.5.2 Other: Category 7.

Changes to the classification of SIDS have been made as for the Perinatal Death Classification.