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## Mystery infant deaths must face tougher scrutiny

Carmel Egan  
July 16, 2006

THE mysterious deaths of hundreds of babies before or during childbirth are not being investigated because of a legal loophole.

Hospitals and medical staff are not legally required to examine or explain the causes of stillbirth, and coroners can only investigate the cause of death after life has begun. Under Australian law, life begins when a baby takes its first breath.

But every year, 2000 foetuses between 20 weeks and full term never make it that far. And one in three of those dies for unknown reasons. The rate of unexplained deaths rises to 80 per cent as the foetus approaches full term.

Now a leading State Government medical adviser and SIDS and Kids Australia are urging governments to allow the independent investigation of late-term stillbirths.

Associate Professor James King, chairman of the Victorian Consultative Council on Obstetric and Pediatric Mortality and Morbidity, wants coroners' powers extended. "I favour an extension of coronial authority to include discretionary investigation of certain categories of stillbirth, particularly where the death occurs shortly before or during the birth process," Professor King said.

Despite advances in medicine, there has been no reduction in the incidence of stillbirths in a decade.

Researchers believe more stillbirths could be explained if clinicians counselled parents to give their consent to autopsies. They believe medical staff's reticence to do so comes from a combination of misguided compassion, undervaluing the benefit to parents and the community of identifying the causes of stillbirth, and fear of litigation.

The call for action comes as the State Coroner investigates the death of William Grant Keays, a baby resuscitated at birth who died 6½ hours later, on November 2, 2003. His mother, Karin Keays, has asked the Coroner to draw the public's attention to the powerlessness of parents whose children are stillborn.

"Because the Coroner does not have the power, there is no effective avenue for the independent investigation of stillborn babies," Mrs Keays said. "It is a terrible loophole in the law related to obstetrics.

"I believe that laws regarding the conduct and accountability of obstetricians and hospitals need urgent revision and sweeping changes.

"The legal loophole which classes full-term or near-term babies as not being 'people' who would otherwise be entitled to the protection of the law, is draconian and needs to be closed," she said.

"Authorities ... seem to pussyfoot around the subject of medical error and negligence in obstetrics for fear of upsetting obstetricians.

"But what about all the stillborn and neonatal deaths? What about the babies' rights? They seem to have none.

"What about the parents' rights to honesty and transparency of information from their doctors and midwives?"

After its success in reducing, through parental education, the rate of cot death from 500 a year to about 60 a year, SIDS and Kids Australia has expanded its focus to stillbirth. Janet Carey, national executive of research and programs at SIDS and Kids, said there was a lack of political and social focus on the issue because it was emotional and difficult to discuss.

"This is the same issue that faced parents 20 years ago after their child had died of sudden infant death syndrome and there were no answers," Ms Carey said.

"Now we hope to create some urgency about stillbirths and how many unexplained deaths there are before birth."

Researchers at Brisbane's Mater Mothers' Hospital are collating the world's first large-scale study of stillbirths.

"The stillbirth rate in Australia is just not going down," said Vicki Flenady, co-ordinator of the hospital's perinatal mortality group.

Ms Flenady said the reluctance of clinicians to push parents to consent to autopsy was a major barrier to the further reduction of stillbirths.

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