Queensland Health
Perinatal Matters
Publication by Queensland Maternal and Perinatal Quality Council
Edition 2 | July 2026

Incorrect Sex Identification Following 2nd trimester Pregnancy Loss

Key issue

Early sex assignment based on visual assessment only, may sometimes require correction if genetic testing or an autopsy is performed. This may contribute to additional, and potentially avoidable, distress for bereaved families.

Case Presentation*

A stillbirth occurred at 20+1 weeks' gestation during spontaneous preterm labour in an otherwise uncomplicated pregnancy.

At delivery, the baby's external genitalia were visually assessed by the attending clinician. Based on this assessment, the parents were informed that their baby was male. There was no mention of possible uncertainty at the time, and the sex was recorded as male on the death certificate.

Following the birth, the parents named their baby. The baby's name and sex was shared with the family and their support network.

Cytogenetic testing was undertaken as part of the postmortem investigations. Several weeks later, examination and results confirmed a female sex, inconsistent with the one assigned at delivery. The revised information was communicated to the parents at a bereavement support follow-up appointment.

Expanded Family Impact

The later correction of the baby's sex caused widespread distress across the family, many of whom had already memorialised the baby through naming, and other acts of remembrance

Because the baby's identity had become integral to the family's healing, later correction reopened grief, created a sense of unfinished business, and diminished trust at a vulnerable time.

Scenario based on a fictional clinical incident to maintain confidentiality

Key Learnings

1. **Visual assessment alone is not sufficient to assign sex in some instances of perinatal loss,** particularly at earlier gestations or if the baby is very macerated.
2. **External genitalia may be ambiguous or not fully developed at earlier gestations.** Stage of development, oedema, trauma, genetic conditions or positioning can affect appearance.
3. **Later reclassification** may re-traumatise families, compounding grief and undermining trust, even when corrected information is clinically accurate.
4. **For cultural reasons, Impacts may be amplified for some families**, where naming, identity, truth-telling, and continuity across family and community are significant.
5. **Honest acknowledgement of uncertainty at the time of delivery** is a form of compassionate care and is preferable to a confident error.

Good Practice Points

When Sex Is Unknown or Indeterminate

- Do not assign sex based on visual assessment alone if there is no previous information from NIPT or ultrasound
- Document sex as indeterminate/unknown until definitive information is available
- Ensure documentation, verbal communication, and reporting systems are aligned.
- Be mindful that decisions made prematurely may have permanent cultural and emotional consequences.

Useful conversations:

Initial discussion:
"At this stage we are unable to confirm the sex of your baby with certainty. Further testing can often confirm this information. Sometimes this becomes clearer with further testing, and sometimes it doesn't."
Supporting naming and remembrance:
"You could choose a name or a way of referring to your baby that feels right for you, despite the uncertainty of the baby's sex."
If parents, ask directly
"It wouldn't be honest for us to say we're certain when we're not. Being open about that uncertainty now can help avoid further distress or confusion in the future."