CONFIDENTIAL

SUDDEN UNEXPECTED DEATH IN INFANCY/CHILDHOOD
INITIAL STRATEGY MEETING

Minutes of Meeting held on 2nd July 2015
At Countess of Chester Hospital

Present:

Gill Clayton, Chair	Quality & Review Manager, Safeguarding, CYPD
Dr J Gibb	Consultant, Countess of Chester Hospital

Apologies:

Minutes:

Jo Smith	I&S CDOP Administrator

Family Composition:

Name of child: Child C
Gender: Male
Date of birth: PD 06/2015
Date and time of death: 14/06/2015 – 05:58 (aged PD days)
Address: [redacted]
Ethnicity/Disabilities I&S

Mother's name: Mother C
Mother's date of birth: PD 03/1985
Mother's address (if different from above):
Ethnicity/Disabilities: I&S

Father's name: Father C
Father's date of birth: PD 04/1985
Father's address (if different from above):
Ethnicity/Disabilities: I&S

	Agenda Item
1.	**Introductions and Apologies** Introductions were made. There has been neither Police nor Social Care involvement
2.	**Information relating to the SUDI/SUDC** Dr Gibb stated that Child C was born at 30 weeks gestation. Labour was induced due to poor in utero growth and his birth weight was 800g which was half the expected weight of a baby for that gestational period. Child C looked normal at birth but was very small. The cause of the poor growth is as yet unknown. He was initially ventilated for his first few hours and then he managed on Optiflow with 25% oxygen over the next few days. He was generally managing well and there were no concerns. Due to having a high risk of developing Necrotising Enterocolitis (which is common in very premature babies) Child C was not given his first milk feed until he was PD days old. Child C was given 0.5ml nasogastrically and it was shortly after this feed that he collapsed. The feeding tube had been inserted correctly and if milk had of go into his lungs such a

	small amount would have caused minimal problems. Oxygen saturates dropped and there was no pulse of heart rate traced. CPR was started immediately following his collapse. The registrar arrived within 1 minute and attempted to intubate but was unable to do so and CPR continued. During this time there was good chest movement. After 10 minutes the Consultant was successful in intubating and there was no sign of milk present in the windpipe and Child C's lungs were clear. Resuscitation continued for a further 25 minutes during which time Child C received 8 doses of IV adrenaline, saline volume expansion boluses, bicarbonate, a bolus of glucose, and a final bolus of calcium. Child C did not respond to resuscitation – he took no breaths and there was no heart beat or pulse. His Mum was present throughout and his Dad arrived during resuscitation. It was agreed that it was futile to continue with resuscitation as Child C had suffered severe hypoxic ischemic encephalopathy. The parents requested that Child C be baptised by both a Catholic Priest and Anglican Priest (in keeping with both parent's religions). The Catholic Priest arrived a few minutes before it was agreed to stop resuscitation but the Anglican Priest could attend for up to an hour as she had to travel from the Wirral. It was agreed to continue with gentle chest compressions and some oxygen but that no further drugs would be administered. During this further period on resuscitation (50 minutes) there was a pulse present and the baby took a few gasping breaths. Child C showed residual signs of life with no recovery and parents agreed that it was futile to continue once baptism had taken place. Resuscitation was stopped and Child C was given to his parents to cuddle. Child C died 5 hours later in his parents' arms. The case was discussed with the Coroner and it was agreed that a post mortem would be undertaken to ascertain the cause of death.
3.	**Details of strategy discussion, date; time; agreed action plan and agency participants; initial investigations outcome** A strategy meeting was not held. Dr Gibb said that he does not think that there will be a Root Cause Analysis completed.
4.	**Background information for the child, family and significant others** This was Mum's first pregnancy and she was healthy. There had been some problems during the pregnancy which led to Child C being delivered early. There is no social care involvement with this family.
5.	**Current or previous involvement with agencies/services** There is no social care or Police involvement with this family. There are no other children and no concerns have been raised by professionals.
6.	**Consideration of safeguarding issues for surviving children** There are no other children in the family.
7.	**Results of post mortem (interim as appropriate); testing progressed; briefing of Pathologist regarding strategy discussions** A post mortem has been undertaken at Alder Hey hospital on 16th June 2015 but no preliminary finds are available. Dr Gibb said that samples have been sent to histology and that the results may not be back for some time.
8.	**Contact with Coroner** Dr Gibb said that he has no further contact with the Coroner but the name of his clerk is Yvonne Williams. **Action: JS to email Dr Gibb with updates from the Coroner.** ***Update:*** *A date for Inquest has not been set*
9.	**Summary of information**