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