

53. A copy of my notes dated 13.06.15, 14.06.15 and debriefing notes 02.07.15 09.10 is attached at pages 10 and 11 of exhibit JG1. I also attach a copy of my letter to [Mother C & Father C] dated 20 July 2017 which appears at pages 12-14 of exhibit JG1.

54. [Child C's] post mortem examination did not reveal any malformations. Nor was there any evidence of necrotising enterocolitis affecting his bowel. Although he had deteriorated a few minutes after being given his first nasogastric feed of 0.5ml of milk, this very small volume of milk would not have been expected to have caused him any significant problems even if inadvertently, the nasogastric tube had been misplaced and the milk had actually passed into the lungs (but the post mortem examination did not show that this complication had occurred). The pathologist noted that [Child C's] heart muscle showed ischaemic changes (damage due to lack of blood flow to the heart muscle), which take a few hours to develop and therefore the pathologist surmised that [Child C] has suffered from some myocardial ischaemia before his sudden collapse and this may have contributed to that collapse. However, as discussed above, once full vigorous resuscitation had been stopped, some artificial ventilatory efforts were continued whilst awaiting the [I&S] so that [Child C] could be [I&S] was withdrawn and he was formally declared dead. It was during this time that his heart re-started, at an abnormally slow rate and he began to display occasional gasping respiratory movements. This continued for several hours after [I&S] but such terminal gasping respiration and residual heart beats are sometimes seen as part of the dying process at a stage when most organ function, including brain function, has ceased. Nevertheless these residual signs of life for several hours prior to the eventually death would have been associated with extremely poor blood supply to [Child C's] heart muscle (as well as to all other organs), and since [Child C] was not dead at this stage then the ischaemic heart changes, seen at post mortem, could have developed during the several hours prior to death but after the sudden collapse. Taking [Child C's] unusual circumstances into account, related to prolonged but mild resuscitative efforts pending [I&S] in my opinion it is more likely that the ischaemic heart changes noted at post mortem were a consequence of, rather than the cause of his collapse and subsequent failure to respond to the initial vigorous resuscitation efforts.

Signature: J.GIBBS
2020

Signature witnessed by: