

---

**From:** Hawdon, Jane <Jane.Hawdon@**I&S**>  
**Sent:** 25 November 2016 08:03  
**To:** HARVEY, Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Subject:** Post mortem reports

Thank you for sending outstanding post mortem reports

**Child O** **PD** 6.16

Cause of death ultimately attributed to various combinations of prematurity and caesarean section including intra-abdominal bleeding from ruptured subcapsular liver haematoma. PM report states no vigorous resuscitation (but I note likely this did occur). PM report does not identify cause of collapse.  
I note baby 33 weeks, ie only mildly preterm, and not expected to collapse and die.  
My opinion, subject to expert histopathology review, is this remains unexplained collapse and death, and that intra-abdominal bleeding was in fact secondary to chest compression following collapse, and by this time death inevitable.

**Child P** **PD** 6.16

No identified cause of collapse or death, but report comments upon effect of prematurity and caesarean section (verbatim as per case above).  
Cause of death listed as prematurity  
I note baby 33 weeks, ie only mildly preterm, and not expected to collapse and die.  
My opinion, subject to expert histopathology review, is this remains unexplained collapse and death.

**Child A** **PD** 6.15

Cause of death unascertained  
I concur

**Child D** **PD** 6.15

Cause of death pneumonia  
I concur, delayed antibiotics may have been contributory

As before, I recommend expert perinatal pathology review  
Please let me know if you would like to discuss further or you would like me to attend a meeting/ telephone conference

Dr Jane M Hawdon  
Consultant Neonatologist  
Associate Chief Medical Officer  
Caldicott Guardian  
Executive Director, Women's and Children's Health Clinical Academic Group  
Barts Health NHS Trust  
Executive Offices  
Newham University Hospital  
Glen Road  
London E13 8SL

PA Susan Nakayenze

**I&S**

Mobile