

37+13130g born [PD] June, died 22nd June

Prolonged rupture of membranes. Floppy and apnoeic at [PD] of age but responded to inflation breaths. Admitted to NNU at [PD] of age with poor perfusion and sats. Iv antibiotics, iv fluid bolus and nCPAP given. Received mechanical ventilation overnight and respiratory status improved. However cardiovascularly unstable with blood markers for infection. Acute episode of poor perfusion prior to respiratory arrest and asystole. 25 min CPR and asystole protocol prior to death.

Awaiting PM but most likely diagnosis overwhelming early neonatal sepsis following PROM.

Learning from these cases

There was notable excellence in practice and record keeping in all three cases. Although, the following points are unlikely to have influenced the outcome, the following points for discussion and improvement in practice were noted:

1. No record of capnograph use following intubation. However, doctor recorded see ETT pass clearly through cords and good chest movement verified by consultant. ETT left in for PM - no comment that it was incorrectly placed on preliminary PM report.
Delay in debrief.
2. Delayed cord clamping in preterm babies not hospital policy yet.
Mask CPAP - no recorded use in Delivery room.
Small delay in antibiotics and PN starting.
Difficulties with arterial access.
Delay in glucose monitoring.
NGT not in place during AXR.
Iv ranitidine use for bile stained aspirates.
Possible need for further discussion with tertiary centre after initial contact.
Second AXR possibly indicated.

Time not recorded on one entry.

- 3. Possible indication for admission to NNU after floppy episode at **PD** of age.
Possible indication for admission to NNU at **PD** of age due to hypothermia and grunting.
Cardiovascular instability at time of extubation.
Antibiotics: Cefotaxime added and BenPen changed to 8 hourly. Gentamicin might have been given early.

COCH Neonatal Mortality (Deaths in NNU >24/40)

2008	2009	2010	2011	2012	2013	2014
4	1	1	3	3	2	3

COCH 2015:

11% of network admissions (192 of 1714)

13% of deaths (3 of 23)