

Themes identified during discussion of all cases:**1. Delayed cord clamping in preterm deliveries**

3 babies had delayed cord clamping when hospital guidance says this is only for term babies. There is national recommendations and evidence to support delayed cord clamping in preterm babies but the obstetric, midwifery and paediatric teams have not yet been able to ensure adequate temperature control for all preterm babies close to Mum during delayed cord clamping. Hypothermia is associated with increased neonatal preterm mortality. However, there were no cases of severe hypothermia and only one case of mild hypothermia in the cases reviewed.

Actions: Teams have already agreed and disseminated current policy
Multidisciplinary work to enable safe delayed cord clamping in preterm babies

2. Ranitidine in preterm babies

NS advised group of increased risk of death in preterm babies given ranitidine. 2 babies in CoCH were given ranitidine. It is still in common usage in most neonatal units and CoCH are unlikely to be an outlier in its use.

Action: NS to send paper re risk of ranitidine in preterm babies. Practice change based on this evidence.

3. UVCs in preterm babies

3 babies had care issues around UVCs. One was used when too low, one was used when too high and one was displaced and came out. NHS England has recently reviewed UVC incidents and BAPM has recently published draft guidance. CoCH guidance could be improved by revising guidance to include correct position and standardising fixation.

Action: Revise UVC guidance once BAPM draft guideline finalised

4. Timing of arrests

6 babies had arrests between 0000 – 0400.

Action: SB and EP to review all these cases focusing on nursing observations in the 4 hours before the arrests. Aim to identify if unwell babies could have been identified earlier. Identify any medical or nursing staff association with these cases.

8th Feb 2016