

Thematic Review of Neonatal Mortality 2015 – Jan 2016

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8th Feb 2016

Attendees:

- S Brearey Neonatal lead
- Doctor V** Consultant
- N Subhedar LWH consultant
- E Powell NNU manager
- A Murphy Lead nurse Children’s services
- L Eagles NNU nurse
- D Peacock Quality improvement facilitator

Apologies:

- C Green Pharmacy

8th Feb 2016

Themes identified during discussion of all cases

There was no common theme identified in all the cases. One baby had severe HIE and the Trust's rate of HIE in 2015 was low and similar to previous years. One baby had severe multiple congenital abnormalities with a very poor prognosis. One baby had a significant congenital heart disease and probable sepsis. 2 babies (possibly 3 pending PM result) died of sepsis despite timely antibiotic treatment. 2 babies (possibly 3 depending on PM result) the cause of death is uncertain despite having PMs. Themes identified in more than one baby reviewed included:

1. Sudden deterioration

Some of the babies suddenly and unexpectedly deteriorated and there was no clear cause for the deterioration/death identified at PM.

2. Timing of arrests

6 babies (from 9 deaths reviewed) 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.

3. 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**

4. Ranitidine in preterm babies

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