

PERINATAL MORBIDITY AND MORTALITY MEETING RECORD

Division	Women and Children		Common causes of high risk adjusted mortality/ HSMR
Specialty	Neonatology		1. Inappropriate and/or untimely care
Date Of Meeting	24th Jun 2015		2. Inappropriate setting of care
Attendees:	See Maternity database		3. Hospital acquired infections
Period of assessment	March - June 2014		4. Poor medicines management
			5. Non-clinical issues

Case sheet No	What was the morbidity? What was the mortality?	<u>Date and place</u> and cause of death (if applicable)	Length of stay	What happened?	Was the Patient record accurate regarding condition Y/N	Were the <u>Obs recorded</u> and acted upon? Y/N	Was the Morbidity or mortality <u>avoidable?</u> (see 1 to 5 above)	What was the <u>action</u> taken (if applicable)
I&S	HIE Care withdrawn at APH	PD Mar 15	I&S	Term baby born in unexpectedly poor condition intubation/ventilation. Transferred for cooling to APH. Seizures, multiorgan involvement.	Y	Y	Possibly	Generally v good neonatal care. Discussion points: No issues.
I&S	Home birth BBA. Post-natal collapse in Delivery Suite.	PD March 15	I&S	Born at home and ambulance crew report in good condition. On	Y	Y	N	Obs consultant to discuss with parents PN management. Highlighted change to

				Mum's chest when became apnoeic. Resus needed and v poor initial gas. Twitching limbs. Cooled at LWH. Seen in clinic. No developmental concerns at this time.				Cooling criteria: >34 weeks Post-natal collapse Up to I&S of age
Child A	31 week twin 1660g Maternal I&S PD Collapse at PD PD of age.	PD June 15	PD	UVC in situ Long line just inserted Sudden apnoeic spell followed by cardiac arrest. No response to resus. PEA arrest.	Y	Y	Not known	Awaiting PM Preliminary PM report does not show any macroscopic pathology.