

NEONATAL MORTALITY MEETING RECORD

Division	Urgent Care		Attendees:
Specialty	Neonatology		Brearey, Gibbs, Newby, Ogden, Beech, Lyddon, Chowdhury,
Date Of Meeting	29th July 2015		Searle, Fitzgerald, Wood, Thomas, Peacock, Griffith, Taylor
Period of assessment	June 2015		

Case sheet No	Summary of case	Discussion and learning from case	Record of care and note keeping satisfactory?	What was the <u>action</u> taken (if applicable)
Child C Date of death 14/06/15	30/40 severe IUGR, reverse EDF 800g infant. Died on day PD Short period of mechanical ventilation on day PD High lactate, hyperglycaemia, thrombocytopenia. Some blood markers for infection and on antibiotics. Collapse on day PD unresponsive to resuscitation for 25 min. Care withdrawn but died some hours later after time with parents. JG has written to parents offering a meeting but PM report is pending.	Baby was very small. Low neutrophil count, platelet count and raised CRP suggested perinatal infection. Unable to predict sudden collapse. Delayed cord clamping for 2 min but no record of how he was kept warm. UVC “fell out” on day PD Fixing discussed. Hyperglycaemia but not record of repeat test for 7 hrs. Use of iv ranitidine for dark aspirates discussed. Resuscitation extended awaiting baptism.	Yes	1. Draft guidance on UVC fixation and laminate for trolley. 2. Hyperglycaemia guidance draft. 3. SB to discuss with obstetric team regarding cord clamping in preterm babies. 4. JG to discuss with nursing staff and hosp chaplain re baptism before or during resuscitations.
Child D	37 ⁺¹ prelabour and preterm rupture	2 risk factors for sepsis (NICE)	Yes	Doctor ZA to discuss with

22/06/15	<p>of membranes. Induced. Dusky episode at [PD] of age. Abnormal obs on PN ward. Admitted to NNU at [PD] of age. Desaturation on arrival. Ventilated for a brief period overnight. Raised lactate, jaundice, low platelets on one test only. Had 2 iv fluid boluses. Reg felt she appeared septic on d [] and inserted UVC and UAC - UAC removed. Low sodium. Episode of ?pupura in evening that resolved. Cefotaxime added and Benzylpenicillin changed from BD to TDS. On nCPAP. 2 hrs later collapse, apnoea and asystole. No response to 25 min of resus - well documented. EN has discussed with parents and will meet them in August.</p>	<p>Apnoea at 12 min might have precipitated admission to NNU. Abnormal obs noted and admission for screen and antibiotics at 3.5 hrs. Initial improvement. Awaiting PM result but likely diagnosis of sepsis.</p>		<p>new doctors starting in August particularly in respect to sepsis guidance.</p>
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