

## NEONATAL PERINATAL MORBIDITY AND MORTALITY MEETING RECORD

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| Division             | Urgent and Planned Care               |  | Attendees:   |
| Specialty            | Obstetrics, Neonatology and Midwifery |  | Brearey, Newby, Doctor V, Saladi, Jayaram, Soni, Newton, Nurse T |
| Date Of Meeting      | 10 <sup>th</sup> Sep 2015             |  | plus obstetric and midwifery team                                |
| Period of assessment | June and Aug 2015                     |  |  |

| Case sheet No                               | Summary of case   | Discussion and learning from case  | Record of care and note keeping satisfactory? | What was the <a href="#">action</a> taken (if applicable)   |
|---|---|--|---|---|
| Date of death<br><b>I&amp;S</b><br>28/08/15 | 36 <sup>+6</sup> HIE and feto-maternal haemorrhage (Hb 55). Born in poor condition, very pale and floppy. Resus and O neg blood via UVC. Lactate 20. Cooled and transfer to APH. Abnormal movements after transfer and given phenobarbitone. Returned to CoCH after cooling and done very well - discharged feeding well with no significant concerns. For developmental follow up. | Neonatal management seemed appropriate and timely. Benefit of having cooling mattress in an LNU.<br>Discussed broadening of criteria for cooling babies.   | Yes   | NA  |
| <b>Child D</b><br>22/06/15                  | 37 <sup>+1</sup> prelabour and preterm rupture of membranes. Induced. Dusky episode at 12 min of age. Abnormal obs on PN ward. Admitted to NNU at <b>PD</b> of age. Desaturation on arrival. Ventilated for a brief period overnight. Raised lactate,   | 2 risk factors for sepsis (NICE)<br>Apnoea at 12 min might have precipitated admission to NNU.<br>Abnormal obs noted and admission for screen and antibiotics at 3.5 hrs.<br>Initial improvement.<br>PM result: likely diagnosis of congenital | Yes   | Doctor ZA discussed with new doctors starting in August particularly in respect to sepsis guidance. Importance of |

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|  | <p>jaundice, low platelets on one test only. Had 2 iv fluid boluses. Reg felt she appeared septic on PD 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>pneumonia.</p> | <p>prompt treatment with iv antibiotics for symptomatic babies stressed. SB to reiterate this to new doctors and again at future induction. Confirmed that the midwife took the correct action in speaking directly to registrar when she was not happy with decision by SHO.</p> |
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