Child A	8th Jun 2015	**Coroner's PM: Unascertained** **Irrelevant & Sensitive** Twin born at 31 weeks gestation initially in good condition. UVC inserted and lying in left lobe of liver. Peripheral long line inserted with a view to remove UVC once long line in situ. Long line reported later as projected over the junction of the innominate vein and SVC which is satisfactory position. Registrar that evening felt it required withdrawing a little. Sudden unexpected arrest aged PD . Twin also arrested PD later. Delay in staff debrief. No PM evidence of line or UVC related complication. Crossed pulmonary arteries on PM. Agreement today that line related complication very unlikely to have caused arrest.	Inquest 23rd March 16	
Child C	14th Jun 2015	**PM:** **1a. Widespread hypoxic ischaemic damage to heart** **1b. Immaturity of lung** **1c. Severe maternal vascular under perfusion** 30 week gestation severe IUGR, AEDF and oligohydramnios. Delayed cord clamping. Brief period of ventilation. UVC displaced on handling. Raised lactate and infection markers. Never opened bowels and bile stained aspirates. Respiratory arrest on PD Agreed PM report but no cause for deterioration identified.	Delayed cord clamping policy confirm with staff. UVC fixation policy Ranitidine in preterm babies – revise guidance based on evidence. Hyperglycaemia policy.	
Child D	22nd Jun 2015	**PM: 1A: Pneumonia with acute lung injury** PROM from 36^{+6} but delivery at 37 weeks. No antibiotics given before delivery. Dusky episode at 12 min of age probably should	Continuing to emphasise to trainee doctors	

8th Feb 2016