

1 There are two numbers. The higher number is?  
 2 A. The breathing in pressure.  
 3 Q. And the lower number is?  
 4 A. The breathing out pressure. Called PIP and PEEP.  
 5 Q. Thank you.  
 6 A. And they are in 40% oxygen at the time. We had some  
 7 blood tests back, which is a blood count. The blood  
 8 count --- the white cell count is 8.4 which is okay.  
 9 Neutrophils are another type of cell that fight  
 10 infection. They are 3.3. Lymphocytes are 4.5, again  
 11 within normal limits. Platelets are, I have said, 103,  
 12 and I have noted a small clump. I think this would have  
 13 been reported when the lab either ran through the result  
 14 or they put the result on there.  
 15 So if there is a little clot or a clump, then the  
 16 result of the platelet count is not accurate. It tends  
 17 to be lower than what it actually is.  
 18 Q. Okay.  
 19 A. So we sort of look at that with --- we would probably  
 20 repeat that blood test to reassure ourselves that this  
 21 was a clump, but I wouldn't go and act on that result by  
 22 doing an intervention without confirming that the  
 23 platelets are actually low.  
 24 Q. Right.  
 25 A. However, a level of 103 is not so alarmingly low that

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1 I want to do something about immediately.  
 2 Q. Okay. Thank you.  
 3 A. CRP, so this is C-reactive protein. This as marker for  
 4 infection, and less than 4 is normal. So it's 1, which  
 5 means it's normal.  
 6 Then the other results that are written there are  
 7 coagulation or clotting profile.  
 8 Q. Okay.  
 9 A. That is a prothrombin time. This is normal. APTT is  
 10 normal. Fibrinogen is normal. So this gives us an idea  
 11 if there is a problem or a bleeding tendency in the  
 12 baby's bloodstream which can be due to a variety of  
 13 reasons.  
 14 Q. But those readings in that regard are normal?  
 15 A. Normal, yes.  
 16 Q. And then the bottom lines, please?  
 17 A. So the bottom line:  
 18 "Platelet and FFP had been requested but have held  
 19 off in view of above results."  
 20 If I may, can I give a little bit of background to  
 21 why they would have been requested?  
 22 Q. Yes, please, slowly.  
 23 A. So basically the evening before, I had reviewed this  
 24 baby, I had reviewed [Child B] and we had a background  
 25 history of maternal [Irrelevant & Sensitive] and I had

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1 also been made aware that [Child A] [Child B's]  
 2 brother, had passed away.  
 3 As part of that there was obviously increased  
 4 alertness and anxiety about what could be done in  
 5 anticipation for [Child B] to give us some help, and as  
 6 part of that various consultants --- I think I have made  
 7 a note in my previous notes that the haematologist from  
 8 Alder Hey had been consulted, that how do we investigate  
 9 [Child B] further in light of mum's diagnosis, and  
 10 obviously we would have made them aware of --- that  
 11 [Child A] had sadly passed away.  
 12 And the obstetrician, so this is mother's  
 13 obstetrician, had also been in contact with the  
 14 specialists who had been treating the mother about ---  
 15 I think one was in UCL and another one was in Great  
 16 Ormond Street. So they had been consulted as well, and  
 17 we had slightly different opinions from both of them.  
 18 Both the consultants at UCL and GOS who had treated the  
 19 mother gave the opinion that they did not feel that  
 20 [I&S] would affect the  
 21 babies in any way. So they didn't think that any  
 22 further investigations were needed.  
 23 Q. Right.  
 24 A. The haematologist at Alder Hey suggested doing a full  
 25 blood count and a test called D-dimers and a clotting

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1 profile.  
 2 Q. Yes.  
 3 A. So this was the evening before. So when we are on call,  
 4 we would go --- you know, if I start my on call at 4.30,  
 5 I will go to the children's ward, I'll see the children  
 6 there who need seeing, and I'll come to the neonatal  
 7 unit and I'll touch base with what was going on. And  
 8 the evening before I was consulted --- well, these are  
 9 the two opinions that we had been given.  
 10 Q. Would this have been at the start of the evening shift  
 11 on the 9th? When you say the day before ---  
 12 A. The night before, so basically this is going into the  
 13 9th when I'm called at 00.36. The evening before I was  
 14 on call and I would have come to the unit and these  
 15 conversations had been carrying on during the day where  
 16 the doctors were ringing the Alder Hey haematologist and  
 17 the obstetrician had come back with the information  
 18 about the UCL and the GOS haematologists.  
 19 So I was presented with this information that the  
 20 Alder Hey haematologist is saying do these tests. The  
 21 two haematologists who had been involved in managing  
 22 mother's condition have said that this condition  
 23 shouldn't really have any repercussions for the baby.  
 24 I also knew that in the daytime some contact had  
 25 been made to find out about initial post-mortem findings

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