need to wait for the results from the Post Mortem but that the results may not give answers. The Consultant advised the parents that she would be happy to sit down with them again but in the meantime but will be in touch with them as soon as PM results available and will go through the results in detail with them.

A further appointment was made for the parents to meet with the Consultant on 17th August 2015 and an appointment was made for an appointment for the parents to attend the Pregnancy Risk Clinic (joint meeting with the Paediatrician and the Obstetrician).

Addendum

Following receipt of the Post Mortem report, a further table top meeting was held on 12th October 2015 to re-assess the original report in light of the Post Mortem results to identify if any gaps were identified or further assurances were required. Present at the meeting were:

Dr J Davies Consultant Obstetrician/Gynaecologist
Dr E Newby Consultant Paediatrician
J Fogarty Head of Midwifery
E Powell Neonatal Manager
D Peacock Risk & Patient Safety Lead

Post Mortem results: The pathologist found “*on histological examination of the tissues, there was an acute pneumonia in the lungs, in addition to development of hyaline membranes. Hyaline membranes can occur even in term babies, and are indicative of acute lung injury, and can be seen after respiratory collapse….meconium aspiration was not seen…these findings are in keeping with the high Apgar scores at birth, which were not suggestive of significant antepartum asphyxia…I think it is likely that the pneumonia was already present at birth, and is the underlying cause of* [the baby’s] *initial collapse and ultimate death…*

Conclusion:

CAUSE OF DEATH:

…1A: Pneumonia with acute lung injury”

The review team revisited the care received by the woman and her baby following receipt of the post mortem report.

There was not an up to date Trust guideline in place for PPROM when the woman was admitted, and this has now been addressed. However, the timing of the induction of labour would not have changed even if the new guideline had been in place at the time i.e. the woman would still have been brought in the following morning for induction.

There had been a slight delay in commencing the induction process due to capacity on the Central Labour Suite (CLS) and patients were prioritised. It was noted that a learning point following this incident is for staff to assess PPROM as a risk when prioritising patients.

A new Trust guideline for PPROM is now in place. As discussed in the body of the report, there is no NICE guidance in relation to PPROM and the guidance from Royal College of Obstetricians & Gynaecologists (RCOG), which was last reviewed in December 2014, does not recommend the administration of intravenous antibiotics in labour unless there are signs of maternal infection. Following this incident, it has been decided that a more cautious approach should be taken within the Trust and antibiotics will now be administered to women in labour who have PPROM. The Trust guideline also

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