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ADVISORY MEDICAL REPORT

This report is prepared on the instructions of Countess of Chester Hospital NHS Trust. It is based upon copy medical records for babies who died or who had cardiorespiratory collapse in the neonatal period.

For each case there is a clinical synopsis (key events) followed by the framework used by MBRRACE-UK to review perinatal care. The assigned category is my opinion, to inform discussion and learning, and would not necessarily be upheld in a coroner's court or court of law.

Quality of care

- 0 No suboptimal care
- 1 Minor suboptimal care
- 2 Significant suboptimal care
- 3 Major suboptimal care

Relevance of grade of care to outcome

- 0 Not relevant
- 1 Possibly relevant
- 2 Probably relevant
- 3 Almost certainly relevant

What

- R Failure to recognise problem
- A Failure to act appropriately
- C Communications failure
- S Failure to supervise
- H Any lack of human resource
- E Any lack or failure of equipment
- O Other

Who Healthcare professional

Declaration of conflict of interest.

I was a neonatal trainee at Alder Hey Hospital and Liverpool Maternity Hospital. I do not consider this presents a conflict of interest.

Child O

Triplet pregnancy [\(2\)](#)

Antenatal steroids

PD: 6.16

14.24 Em CS

Male

33/40

2020g

Apgars 8, 9, 9 at 1, 5, 10 minutes

Oxygen, CPAP

Antibiotics, caffeine, iv glucose

22.6.16

Optiflow

Donor EBM

Normal blood gas values

[Single note 10am](#)

23.6.16

05.32 Normal blood gas values

Antibiotics discontinued

[09.30 WR – SHO K Cooke “On Optiflow/CPAP yesterday – Apnoeas](#)

13.15 Vomiting, abdominal distension, mixed acidosis, tachypnoea, tachycardia.
AXR no NEC. NBM

14.40 Desaturation, bradycardia & mottled. Mask ventilation, sodium chloride, cefotaxime [\(LL nurse allocated and notes on Meditech\)](#)

15.00 Intubated, ventilated, good air entry, colour change capnograph

15.51 Desaturation, bradycardia.

16.01 Reintubated, good air entry, colour change capnograph

16.15 Desaturation, bradycardia. Hand ventilated

16.19 Chest compressions, adrenaline, sodium bicarbonate, dopamine, high ventilator pressure, 100% O₂

16.30 Return circulation

Difficult venous access

dw transfer team

Baptised

17.15 Bradycardia. [\(17.16 chest compressions\)](#) Cold light no pneumothorax, increase dopamine, sodium chloride, sodium bicarbonate, IO needle, metabolic acidosis, needle decompression abdomen

17.43 Severe metabolic acidosis, adequate CO₂ removal

17.47 CPR discontinued. RIP

Pump no.

I&S

21/6 late Kate Bissel

21/22 ND Amy Davies

22/06 E/L Samantha O'Brien

22 L/D Lucy Letby

[23/6](#)

[13.20 gases LL](#)

[13.30 obs LL](#)

[14.30 obs LL](#)

[14.50](#) **Nurse X** [Intubation](#)

[checklist](#)

Child O

Secondary PM review report

No cause was found at autopsy for the initial collapse. The report discusses at some length the concept of "Sudden Unexpected Postnatal Collapse".

There was a ruptured subcapsular haematoma of the liver. The subcapsular haematoma is likely to have occurred as a consequence of hypoxia after the baby's collapse and deterioration. Chest compressions during resuscitation may also have contributed to its formation. Once there has been significant bleeding into the abdomen, this would have significantly contributed to the failure to resuscitate with subsequent death, hence the immediate cause of death was submitted as:

- 1a. Haemorrhage to the peritoneal space due to
- 1b. Rupture of subcapsular haematoma, due to
- 1c. Prematurity.

However, the cause of the initial collapse remains unexplained.

Toxicology was not performed, and therefore medication overdose cannot be excluded.