known to cause any particular problems. He believes that theoretically it could cause some problem with the blood flow but again there is nothing to suggest that this happened in Child A's case.

Mr Rheinberg then asked Dr S whether the dextrose solution going through the long line could have caused some problems but Dr S does not think this would be the case. Mr Rheinberg then asked if he could confirm whether there were any other abnormalities in any of the other systems and Dr S confirmed that everything else was normal. He confirmed that there had been no signs of infection or sepsis and all tests were also negative for viruses. He also confirmed that the toxicology was fine and the only substance identified was caffeine which could be attributed to the caffeine dose which was given as Child A was a premature baby.

Dr S confirmed that there have been cases of respiratory arrest followed by cardiac arrest where an air embolism would be present and normally one would see froth when the heart was opened up where the blood had mixed with oxygen however this had not happened in this case and there was also nothing in the brain to suggest any particular problems. Mr Rheinberg asked whether there was anything else that Dr S would have considered that he thinks Dr Jay had not considered when he was considering the potential issues in Child A's deterioration and Dr S confirmed that there is nothing else that he could have thought of.

Mr Rheinberg then asked Dr S whether he would be able to reach any kind of conclusion by eliminating other causes of death. Dr S confirmed that he would not really be able to do this as he would simply be hypothesising. Mr Rheinberg said whether Dr S had ever seen anything equivalent to this in the literature. Dr S confirmed he has not seen anything like this in the literature but these sorts of things can happen in premature neonates because of the circumstances in which they are born.

Mr Rheinberg then asked Dr S whether or not he could say that it was more likely than not that Child A had died of natural causes. Dr S said that they had not found anything to suggest a natural disease but then there was no evidence that there had been anything unnatural either and it would very difficult for him to conclude that it was more likely than not natural causes because there is no evidence of it either way. He confirmed that there are other tests that can be run such as those for genetics, however there was nothing in this case to suggest that this would be necessary.

Dr Jay was then brought in to try and assist with his paediatric knowledge of the circumstances in Dr S concluding with any kind of cause of death. Mr Rheinberg asked Dr Jay whether or not he had seen anything similar. Dr Jay confirmed that normally death in neonates is the end point in a course of events and normally they can be resuscitated. He confirmed that there have been similar cases of neonates dying in similar circumstances on the unit which they have not been able to explain. He confirmed that they have therefore downgraded the unit so that do not care currently for preterm babies and they have also requested an independent review and they are still awaiting the formal report. However the initial feedback from this is that nothing can be found that is wrong with any of the training, any of the practises or any of the equipment. However there is a potential issue with staffing. As far as Dr Jay is aware this report is then to go back to the Executive Board and they decide whether or not to release it to the public. Mr Rheinberg asked whether or not it would be possible for the family to receive a copy. Dr Jay said he is of the personal view that it should be made available for the public and he would have no issue with a copy of it being provided to the family, however as he pointed out it is the Executive Board's decision. He has to confirm however that the events that happened to Child A do not make any clinical sense to him at all. In relation to the cardiac conductivity, Mr Rheinberg asked whether any issues would have shown up on the monitoring. Dr Jay confirmed that this would have been the case. He said it is possible that you can have a rhythm staying the same but the heart not pumping. Mr Rheinberg then asked LB whether he had any further questions for Dr S and he confirmed that he did not. Mr Rheinberg them moved to SKF asking if she had further questions. SKF asked about the microscopic findings that he had identified from the heart and the lungs. She wanted to know whether any of these that he had identified could have been caused by any particular thing occurring to Child A. Dr S confirmed that there had been a very small amount of amniotic fluid aspiration. He confirmed that normally in the uterus fluid does not go in through the baby's mouth however in stress this can make the baby gasp and therefore inhale an element of amniotic fluid. He confirmed that it is fairly common to see,