

June

MORTALITY learning bulletin

SUDIC - Sudden Unexpected Death in Childhood

If a baby is born out of hospital and the birth is unattended by a health care professional and then baby sadly dies in the neonatal period there needs to be consideration of the death being investigated as a SUDIC as per your own hospital guidance.

Out of Hospital Newborn Resuscitation

During the meeting in June there was a series of babies who had received resuscitation which was not in line with standard NLS. This is being picked up with the ambulance services but if you have any other cases where you know of non-standard newborn life support being provided by other health care professionals outside of hospital, please could this be fed back to the EMNODN.

Impact of Maternal Type 2 Diabetes

The incidence of type 2 diabetes is increasing in women of childbearing age and the prenatal counselling for these women is not robust. This is being picked up by the Maternity Clinical Network. There is a risk of congenital anomaly associated with poorly controlled type 2 diabetes and as neonatal practitioners we need an awareness for this higher risk population.

Prognostication Conversation - is transfer always in a baby's best interests?

Babies born extremely preterm in an unplanned way (no steroids, no MgSO₄) in a non-tertiary setting are, by nature of these factors, extremely high risk. We would advocate that an MDT call via the call handling service involving the lead tertiary centre takes place to discuss management and prognostication prior to a request for transfer. Transfer may not be every baby's best interest - care should be individualised to the baby's and family's need.

Proof of Life

Our patient population does not have proof of life. If you attend a delivery and the baby isn't responding in a predictable way, think about significant congenital anomalies. There have been 3 babies in the Network born with laryngeal atresia and very sadly neonatal resuscitation will not be able to save these babies in an emergency unpredicted situation.

High Oxygen Requirement

If a baby has an escalating oxygen requirement think about what is the most appropriate mode of respiratory support. Depending on the pathology, proceeding to early intubation maybe a more appropriate intervention.

Specialty Input to PMRT

If a baby has had input from a specialty team during their life e.g. surgery, renal, cardiology, neurosurgery, PICU, please ensure those teams are involved in the mortality review for a full holistic picture