

November

MORTALITY learning bulletin

Could there have been Fetal Blood Loss?

When admitting a baby with suspected fetal compromise for assessment of HIE, please ask your obstetric/midwifery colleagues directly if they have any reason to suspect fetal blood loss and document the answer. This will help you establish if there are any causes of the baby's condition which require immediate action, for example a blood transfusion.

Postnatal Ward Collapse

In this situation, if the baby subsequently dies, please seek advice on whether a Joint Agency Response would be required. This may depend on circumstances and the view of your local CDOP will be important.

APGARS

How are these assessed in your hospital? Are they subjective or an objective assessment? For example, is the heart rate assessed with a stethoscope for all babies at 1, 5 and 10 minutes?

Whole Genome Sequence (WGS)

In a case of unexplained neonatal death or pattern of morbidity that is hard to explain, consider discussion with genetics about the value of a post mortem WGS to help establish an accurate cause of death for the family.

MDT PMRT

In babies who have had input from other specialities - renal, neurology, paediatric surgery, cardiology for example, does your PMRT have input from those teams to ensure wider discussion and learning?

Surgery for NEC

Decision on when and if to operate in cases of NEC can be challenging. It may be beneficial to involve anaesthetics in the discussion about 'fitness for theatre' as part of the overall MDT discussion.

Healthcare Overseas/Healthcare Professional Work Overseas

There have been an increasing number of cases where babies of families who have accessed healthcare overseas or their parents have worked in healthcare settings overseas have been colonised with multi drug resistant organisms. This is likely due to antibiotic stewardship in other countries. In babies with this history from their family, consider early escalation in antimicrobial treatment if these babies aren't responding or appear very unwell as it may not be the standard organisms we see as part of our early onset sepsis in the UK. We would encourage you to share this learning point with your CDOP as a wider public health concern.

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What Is Your Impression?

When a patient is reviewed for a deterioration, we would encourage all staff to give an impression of how unwell a baby is and a differential diagnosis. Is there something that needs immediate action?

X-Ray Machines that Display the Image

Do you have an x-ray machine that displays the image? If you review the image on the machine, do you go back and review it again in more detail on a computer screen. We would encourage you to have a second look to ensure more subtle findings are not overlooked.

Maternal Vaping

We do not know if this has an impact on our patient population but we would encourage you to record this on the BadgerNet admission for future reference.

Bereavement Follow Up

An example of excellent practice where there was joint bereavement follow up for a family from the local unit and transport service. If all those involved can feed into the feedback to a family, that is the gold standard.

Re-warming vs ECMO in Babies who are Receiving Therapeutic Hypothermia and have Cardio and/or Respiratory Instability

This is a difficult decision to make and may need collaboration with multiple professionals to consider all options.