Summary Report of Mortality Review Sub Group to QIPP Group

Mortality Review Period: Quarter 3 (1 Oct – 31 Dec 2012)

Data Reviewed:
Q3 Badger data: Babies Discharged between 1 Oct – 31 Dec 2012: Deaths

Neonatal Discharges in Network

Report:	Network discharges broken down by discharge type and destination.
Neonatal Network:	Staffordshire,Shropshire and Black Country New born Network
Date Range:	Babies discharged from 1 Oct 2012 to 31 Dec 2012.
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Network Discharge Summary

Unit name	Died
Mid Staffs NHS Foundation Trust	0
Russells Hall Hospital	3
The Shrewsbury and Telford Hospital NHS Trust	4
University Hospital of North Staffordshire NHS Trust	5
Walsall Hospital NHS Trust	0
Wolverhampton NHS Trust, New Cross Hospital	6
Total	**18**

Emerging Issues/Themes and Lessons to Share in the Network:

- For Babies booked/delivered at one unit who die at another unit, The unit where the baby dies should invite the other unit to participate in the mortality review process
- All units should send a representative to the quarterly network mortality review meeting irrespective of whether there were any deaths at their unit in that quarter
- Look at the organisation of neonatal services to achieve the principles of the “Golden Hour”
- Importance of documenting when chest movement is seen and recording full sequence of events and responses seen at resuscitation
- Importance of referring unit completing the full badger summary asap following transfer
- Importance of good communication with parents documented in the patient records
- The benefit of using Adrenaline in extreme preterm babies is questionable
- Babies born at extremes of viability, less than 24 weeks, in poor condition should only be resuscitated following the BAPM guidance http://www.bapm.org/publications/documents/guidelines/Approved_manuscript_preterm_final.pdf
- Keep referring back to condition at birth at referring unit to factor into decision making going forward
- *The use of Nitric Oxide in extreme prematurity is associated with poor outcomes and is therefore not a recommended treatment modality, consider discussion and obtaining agreement of a second consultant prior to commencing nitric oxide in extreme preterms
- Outcome is not just survival or death. Quality of care is an outcome and a well planned death is an important outcome
- Good communication with parents is key throughout the baby’s care and especially explaining changes to management plan (Highlighted in two of the deaths reviewed in this quarter)
- Highlights importance of Post-Mortem examination to decipher cause of death when initially unexplained
- Antenatal diagnosis of significant congenital malformations should be borne in mind when deciding on initiating and subsequent length of intensive care rather than discussing with parent and agreeing implementation of palliative care pathway

* This is a repeated theme from the previous meeting