

## Mortality Review Group (MRG) South Shared Learning Points – June 2021

- Aim to deliver babies with an antenatal diagnosed problem (genetic or structural) at term to reduce the compounded risk of RDS and separation from family.
- Limit number of intubation attempts. If there have been unsuccessful attempts, senior expertise is required and difficult airway situation declared.
- Units should have access to a difficult airway box and guideline.
- Challenging to keep parents up-to-date with information during a resus situation, but is recommended to identify someone to do this.
- It is beneficial to have external invites for local perinatal mortality reviews for those that were involved in the baby's care e.g. Embrace Consultant/Tertiary Neonatal Consultant.
- Emergency UVC can be used, even on the neonatal unit, if IV access is an issue.
- Know where your emergency blood is.

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- Delivery room cuddles may be considered for preterm babies.
- Timely updates for the parents during resus/stabilisation/ongoing care recommended – involve them in discussions about management/palliation.
- MDT meetings with parents to discuss poor prognosis is beneficial for family decision making.
- Reminder to use HIE assessment forms and follow cooling guideline.
- Be mindful of cord separation whilst umbilical lines in situ.
- If UVC moved under USS guidance, an x-ray to confirm the position is needed especially for other professionals who need to look at the position.
- Do not infuse platelet or packed red cells through long lines.