Mortality Review Group (MRG)
Learning and Good Practice Points – 16 June 2020

Resuscitation and Stabilisation

Where a baby has signs of life after being born at home, even where very small or preterm, resus and stabilisation is not unreasonable to allow full assessment of the baby and to involve the family in decisions about the baby's care.

Differential Diagnostic Issues

Routine coagulation in extreme preterm infants can lead to difficulties due to uncertainty of normal values. However, it may be helpful where there is a clear clinical indication even in premature babies.

CFM is not diagnostic in preterm infant but can be very helpful, together with MRI to confirm a diagnosis of severe hypoxic ischaemic brain injury.

Therapeutic Agents

Noradrenaline may be better than adrenaline in severe PPHN due to the risk of tachycardia and severe acidosis. Vasopressin can be useful as well as an alternative to adrenaline in PPHN.

Thickeners in preterm babies may be associated with an increased risk of NEC and all options such as continuous feeds or jejunal feeds can be considered as an alternative to managing possibly gastroesophageal reflux.

Sepsis

Feeding difficulties in first 24 hours could be sign of early onset sepsis but use of the NEWTS aims to help detect early deterioration.

When excessive fluid resuscitation is needed, consider early ventilation.

Documentation and Communication

EOL care includes pain relief where needed. Clear documentation of pain assessment will facilitate mortality review and adding this to checklist for EOL care ensures staff are reminded to consider this and to document it as complete.

Establishing Cause of Death

Where pathology is complex, a comprehensive description of the pathology and detail on the death certificate can help the registrar accept the certificate.

The coroner must always be informed if the diagnosis is HIE though will often not take the case.

Hospice bereavement support for both EOL care and for family support after death should be considered and offered where possible.

Bereavement and Post Mortem issues

WebEx and other MDT platforms are very effective for joint PMRT's.

Other Aspects of Treatment and Care

During the coronavirus pandemic, experience of reducing access to key relatives has been difficult for the team(s) involved. Whilst working within requirements to mitigate the risk of coronavirus, units should consider allowing access for compassionate reasons.

Referral to Leicester ECMO can be considered early as the service will always assist with advice and links to national service when a Leicester bed is not available. Where mobile ECMO is not available from Leicester, involvement of Leeds PICU team for clinical advice may be helpful but calls should be managed through Embrace.

The presence of the Embrace Team and input from the NICU centre for advice is good practice even where transfer may not be possible from a Level 1 or 2 Unit.