

Mortality Review Group (MRG) North Shared Learning Points – October 2018

- Consider sending DNA on an index case to help diagnosis in future pregnancies.
- Where a potentially lethal condition is diagnosed and pregnancy is beyond 24 weeks, antenatal counselling should be completed ASAP.
- Yammer and Forward are NHS approved information sharing Apps for clinical information if a remote second opinion is required. Forward uses NHS.net email and can find any user with an NHS.net email address.
- When taking post mortem skin, blood or other tissue biopsy, a human tissue act form needs to be completed. The department or hospital will have a license for this so individual units need to be aware of their status.
- All units should discuss with their local HTA manager the process for post-mortem samples. This may be the same as the SUDIC processes.
- Any CDH guidelines used within the YNN should be updated to bring them in line with European Guidance (especially in reference to ECMO referral). N.B there are now 6 UK ECMO centres.
- When transferring a baby ex utero, there needs to be clarification of the status of mother and whether inpatient care is needed as well for her if baby likely to be very sick. Labour and delivery wards need to be informed well in advance of need for bed.
- Extubation failure can be due to a number of causes and sepsis should always be actively considered as a cause especially with significant acidosis. A decision not to treat with antibiotics should be active.
- Ensure that all routine equipment checks on DS include equipment for very low birth.