

## Mortality Review Group (MRG) South Shared Learning Points – June 2019

- In known difficult extractions a senior member of the neonatal team should be present at resuscitation. Prompt chasing of blood results, especially in a critically ill patient.
- Be aware of the potential for an un-catheterised umbilical artery to bleed.
- Monitor temperature during procedures to avoid hypothermia.
- Listen and look at your patient, avoid distraction and false reassurance from monitors. Be aware of temperature monitoring which does not have an alarm range.
- Midwifery education about recognition of the sick neonate/risk of early discharges. Recommendation for early use of cold light examination to rule out pneumothorax in a deteriorating neonate.

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- Neonatal and/or Paediatric Teams should be present at all high risk deliveries.
- Recommendation for open and honest communication about a baby's condition.
- Seek out maternal microbiology results, as it may impact on the need to prescribe prophylaxis for the baby.
- Recommendation for heightened awareness when shortening ETT to ensure that other lines are not damaged in the process.
- Importance of clear documentation at all times during care (*procedures/communication/ward rounds/concerns*).
- Follow the Hypotension Guideline and escalate at appropriate intervals.