

November

MORTALITY learning bulletin

Thermoregulation

Do you do continuous temperature monitoring during a resuscitation? Could you use the skin probe facility present on most resuscitaires? If you don't do this a minimum of checking the baby's temperature at the end of the resuscitation/ stabilisation before leaving for the neonatal unit is good practice.

Cord Gases

Knowing the cord gas values can be a vital part of helping to guide prognostication. Work with obstetric/ midwifery colleagues to ensure they are taken in babies where you are involved with the care after birth and then make sure the values are recorded in Badgernet and handed over to any accepting hospital if the patient is to be moved.

Mask Ventilation vs Intubation in Babies Born Extremely Preterm

If providing survival focused care to babies born extremely preterm and they are not breathing spontaneously at delivery with a low heart rate, consider early intubation rather than mask ventilation. An ETT can be removed in the delivery room if there is no response to heart rate but achieving a good seal and effective mask ventilation in very small babies can be technically difficult.

Realistic Antenatal Counselling

There was evidence of good practice with long detailed discussion on the challenges of adding premature delivery to babies with complex congenital heart disease documented for more than one baby in the region. The combination of these risk factors leads to a high mortality and this needs to be reflected sympathetically but realistically to families. RESPECT forms or special baby plans can be started antenatally.

Post Mortem are Important

Even if you are confident of the cause of death of a baby asking a family if they would consider a post mortem is best practice in end-of-life care and can on occasions add additional information which can be helpful to families in both understanding the reason for the baby's death and in planning future pregnancies.

Blood for Genetic Testing

Remembering to take blood with consent for genetic testing on admission in cases where there is a possible underlying diagnosis can be extremely valuable.

Pulse Oximetry Screening can Detect more than Congenital Heart Disease

IA Vein of Gallen malformation was found following a failed pulse oximetry screening! Do you do screening in your neonatal unit?

Imaging in HIE

Whilst there are occasional circumstances (usually multi-organ failure) it is best practice to undertake MRI prior to withdrawal of intensive care in babies with HIE.

Cord Gas Haemoglobin vs Haematocrit

Knowing cord gas results is a vitally important part of the information during and following resuscitation. Noting cord gas haemoglobin is useful but be aware of the difference between haematocrit and haemoglobin.