East Midlands
Neonatal Operational Delivery Network

July

MORTALITY learning bulletin

Is this the Right Hospital?

Women on the antenatal wards who have threatened preterm labour and are inpatients on the antenatal ward at early gestations (22+ weeks) need regular MDT discussion. What are the families wishes about comfort vs survival focussed care? Has this changed as the pregnancy has continued even day to day? Can this woman be safely moved to a hospital with a co-located NICU? Does the woman need to receive antenatal steriods? Please ensure all conversations are documented.

Preterm Birth Group

All extreme preterm gestation babies born in a centre with a SCU/LNU, should be discussed at the Regional Preterm Birth Group and with scrutiny over the evidence of ongoing discussions and reassessments of the decision for a woman to not be transferred. This should be considered during local PMRT discussions as well.

Is the Baby Getting Cold?

Monitoring of a baby's temperature during procedures is really important. Think about thermoregulation while inserting umbilical line/long lines during intubation. How can you keep the baby warm? Do you need a trans warmer? Is someone checking the baby's temperature at regular intervals during the procedure?

Umbilical Lines

At the point of fixation, the line should be bleeding back. If it isn't it is unlikely to be in a vessel and it should be pulled back to the point where aspiration of blood occurs before it is fixed and imaged. Monitor the position of umbilical lines on any x-rays done - they can migrate over time.

Futility of Ongoing Intensive Care and Phoning a Friend

There has been a trend seen where families who have babies diagnosed with significant congenital anomalies (which are likely to be life limiting), decide after antenatal counselling that they want their baby to receive intensive care when they have been delivered. Starting intensive care in this situation can be right for some families, however there should be frequent evaluation to ascertain if this is still in the best interests of the baby?'. If clinicians are finding the situation challenging, seek internal second/ MDT opinions. Additionally please use the Neonatal Network to access external opinions- this can be useful out of hours when you may not have colleagues in your trust but there will be colleagues on call in other trusts in the Network. Phone a friend!

Impossible Airway

A preterm baby was delivered out of hours with some known antenatal anomalies. At delivery it was not possible to successfully intubate the baby. Postmortem identified tracheal aplasia with a fistula to the oesophagus. This baby was born in a tertiary centre - what if it happened in your hospital? Do you have a difficult airway box/guideline? Do you know who you could call for help both in and out of hours? Our patient population are not born with guarantee of life when born, and this situation can happen at any time and in any unit.

NEC Deterioration

If a baby deteriorates rapidly with a presumed diagnosis of NEC obtaining central access as soon as possible can be lifesaving. Inserting a long line before the baby deteriorates further, and has poor perfusion is a top tip!

Warm Blood

If giving blood in an emergency situation can you quickly and safely use a blood warmer? Giving cold blood in a situation where the baby is already acidotic may worsen the acidosis. However, use of a blood warmer should however not delay the administration of blood in an acute situation.