

**March**

# MORTALITY learning bulletin

## **Extreme Premature Outcomes**

Babies born at 22 weeks of pregnancy are increasingly being admitted to neonatal units across the Network. This an interesting cohort of babies who require a lot of intensive care. At an EMNODN level we are collecting themes and trends in the care provided and outcomes of these babies. If you are interested in supporting this work, please contact the Network Team.

## **Please Document Reason for Parents Declining a PM**

## **Don't Forget to Review the Hb on Cord Gases During & After Resuscitation**

O negative blood should be available on delivery suite for use if needed.

## **Monitoring of Temperature during Procedure**

Babies can become cold during procedures so monitoring temperature during the procedure can be helpful.

## **Multiple Failed Extubations - is there an upper airway problem?**

In babies where there are multiple failed extubations would an ENT opinion be useful?

## **Central Line Duration**

If central lines are in-situ there should be justification for leaving them in documented on a daily basis in the medical record.

## **Pre-Scrutiny Discussion with ME**

If you anticipate a baby will die out of normal working hours, it is possible to talk to the Medical Examiner before a baby has died so as not to delay death certification after death.

## **Accurate Death Certification**

If there are antenatal issues that may have contributed to the condition of a baby this should be included on the death certificate e.g., a baby who dies of NEC and was growth restricted or a baby born extremely pre term due to maternal pre-eclampsia these factors should be on the death certificate.

## **Evolving Encephalopathy Think Metabolic Conditions**

If you have a baby with evolving signs of encephalopathy, think about metabolic conditions. A discussion with your clinical biochemist may help obtain a result in an expedited way. In this situation if consideration of reorientation of care is happening think do you need a muscle/ skin biopsy before reorientation to expedite a diagnosis for the family after death.