

QEQM PERINATAL MATERNAL MORTALITY MEETINGS

VENUE: QEQM LECTURE THEATRE

DATE: 18TH SEPTEMBER 2020

Neonatal Deaths					
Initials	Patient No	Age	BMI:	Gestation:	Parity:
[REDACTED]	[REDACTED]		PMH: POH:	[REDACTED]	
Synopsis of Events				Learning Points	Action
<p>[REDACTED]</p> <p>On [REDACTED]/2020 arrived by ambulance from KCH [REDACTED] On transfer to acute site baby delivered in ambulance [REDACTED][REDACTED] signs of life were noted and respiratory effort. hr100bpm. 06:30 obstetric registrar in attendance with midwife.</p> <p>[REDACTED]</p> <p>Placenta delivered and sent to histology; 07:35 baby showed no signs of life.</p>				Update Main switchboard regarding no labour ward at Canterbury and Dover	[REDACTED]
Neonatal Morbidity					
Initials	Patient No	Age	BMI:	Gestation:	Parity
[REDACTED]	[REDACTED] [REDACTED]	[REDACTED]	PMH: POH:	[REDACTED]	
Synopsis of Events				Learning Points	Action

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[REDACTED]				VTE scoring was noted to be discrepancies in ante and postnatal period. Due to recognition of VTE and medical co-morbidities	
				The action Euroking now trailing vte scoring	
Initials	Patient No	Age	BMI:	Gestation:	Parity
[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED]	PMH: POH:		
Synopsis of Events				Learning Points	Action
[REDACTED]				[REDACTED] No action as still under investigation	
Initials	Patient No	Age	BMI:	Gestation:	Parity

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[REDACTED]	[REDACTED] [REDACTED]	[REDACTED]	PMH: POH:	[REDACTED]	
Synopsis of Events				Learning Points	Action
POSTPONED TO NEXT MONTH OCTOBER [REDACTED]					
Initials	Patient No	Age	BMI:	Gestation: [REDACTED]	Parity
[REDACTED] [REDACTED]	[REDACTED] [REDACTED]		PMH: POH:		
Synopsis of Events				Learning Points	Action
[REDACTED] xx/05/2020 At 04:08 switchboard was called to contact the paediatric consultant and there was 2 different contacts. Labour asked had [REDACTED] whilst switchboard [REDACTED]. Labour ward coordinator asked to contact both but there was no reply. Labour ward coordinator then asked to try to contact another paediatric consultant. [REDACTED] contacted and did phone the unit requesting to speak to the registrar. [REDACTED] spoke to the labour ward coordinator and suggested [REDACTED] continued to call the on call paediatrician				Importance of calling registrar when poor outcome is anticipated, however in this instance the reg was called and arrived within 2mins of age	

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<p>04:35 labour ward stated to clinical site manager that they were unable to contact the paediatric consultant on call and had been trying for approximately 30 minutes. Informed site coordinator that they were phoning all paediatric consultants and [REDACTED] was on her way in. The baby was transferred to SCBU and [REDACTED] was present and [REDACTED] had arrived. The rota switchboard had was old from march 2020. [REDACTED] [REDACTED] Discussed in Term Admissions meeting. Unavoidable admission to SCBU. No other Maternity or Neonatal team Learning recommendations identified that have not already been identified in the SI already being undertaken. [REDACTED] Baby cared for appropriately as per neonatal SOP. Parents updated on need for swab/isolation in line with current PHE guidance. Swab returned as [REDACTED]</p>				Documentation at resus by paediatrician needs to be more contemporaneous.	
Initials	Patient No	Age	BMI:	Gestation: [REDACTED]	Parity
[REDACTED]	[REDACTED][REDACTED]	[REDACTED]	PMH: POH:		
Synopsis of Events				Learning Points	Action
<p>POSTPONED TO NEXT MONTH OCTOBER [REDACTED]</p>					

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Maternal Morbidity					
Initials	Patient No	Age	BMI:	Gestation:	Parity
[REDACTED]	[REDACTED]	[REDACTED]	PMH: POH:		
Synopsis of Events				Learning Points	Action
<p>[REDACTED] initial review, "My understanding is that the woman had delivered via elective caesarean caesarean sections should be considered for thromboprophylaxis with LMWH for 10 days after delivery apart from those having an elective caesarean section who should be considered for thromboprophylaxis with LMWH for 10 days after delivery if they have any additional risk factors). [REDACTED] After discharge her post-partum period had been uneventful apart from treatment with flucloxacillin for a wound infection up until her sudden collapse with acute shortness of breath and chest pain." Will upload to the NRLS and downgrade once Care Group have reviewed. [REDACTED] Head of Patient Safety. Referred to HSIB and MBRRACE [REDACTED] This is in keeping with the RCOG guidance for thromboprophylaxis. (All women who have had</p>				Exploration of all women who have cs to have thromboprophylaxis	