

23/03/17

Mr I. Pears
HM Coroners Office
The Court House
Woburn Street
Amphill
Bedfordshire
MK45 2HX



Dear Mr Pears,

Luton and Dunstable University Hospital response to Regulation 28 Report in connection with the death of baby Albie Henderson Marlow

Firstly, we would wish to offer our sincere condolences to Albie's parents for the loss of their son and apologise for any experience that they felt was not as expected at the Luton and Dunstable University Hospital NHS Trust Maternity unit. We have reviewed the care as part of our investigations and the learning arising out of our investigations has been shared. Luton and Dunstable Hospital NHS Foundation Trust is committed to providing the highest quality care for all mothers and babies.

The Regulation 28 Reports dated 31 January 2017 issued by HM Senior Coroner Tom Osborne states the following concern:

"My concern is that mothers requesting delivery by Caesarean Section are not having their wishes respected and this is putting babies' lives at risk"

Unfortunately as not all of the respective clinicians directly involved in the delivery of care were called to attend the hearing and as live evidence on the discussion held with the respective disciplines of staff involved were not heard, we are confident the information contained in this response will reassure HM Senior Coroner respectfully that the Luton & Dunstable University Hospital NHS Trust does have policies and processes in place for mother's requesting caesarean sections and our staff are skilled to understand and empower women of their right to choose for themselves whilst ensuring that the safety of mothers and infants remains paramount.

We would respectfully submit that at the Luton and Dunstable Hospital NHS Trust we support and promote maternal choice of birth and work within our local and national guidelines. We have a local guideline (CG130); *Management of pregnant women with previous lower segment Caesarean section or other uterine scar ('Vaginal Birth After Caesarean section (VBAC)')* and attach a copy for your consideration.

We have a dedicated specialised VBAC clinic led by a Senior Consultant Obstetrician and a Consultant Midwife. The role of this clinic is to provide more detailed counselling and specialist support relating to options for women who have had a previous caesarean section.

We can also confirm that we comply with the NICE guideline CG132 (copy attached) which elaborates on the care that is given to this cohort of women. Our specialist VBAC clinic is led by the

Chair of this guideline. All women who attend this clinic are provided with the Royal College of Gynaecologist Guidelines ('RCOG') leaflet for VBAC (copy attached) and an individualised care plan is made for all such women which includes an elective repeat caesarean section (ERCS) if that happens to be the woman's choice.

Additionally, in line with NICE we have a Local Guideline for Maternal Requests for Caesarean Section (CG414) which we have also attached.

It is important to clarify that there are two types of caesarean sections; planned and emergency. There is also a distinction between a woman being in labour or being induced. Whilst we do not wish to further rehearse the point, we wish to emphasise that as a care organisation we recognise the importance of individualised care; information is offered, women are listened to and their preferences are considered as well as respecting the choice of the birth. This is done in partnership with the midwife and doctor to achieve an outcome which is best for the mother and baby based on good clinical decision-making. We acknowledge that there are occasions when women in pain, in labour request caesarean sections. In such cases, a discussion with the consultant will determine the reason(s) for the request and work in partnership to achieve an outcome which is safe for mother and baby.

The following learning points were made as part of the Serious Incident Investigation and we confirm that all actions relating to these have been completed and implemented. We have attached the Action Plan for your consideration.

- 1. In women undergoing IOL with a background history of previous caesarean section, it is good practice to undertake a full clinical assessment including abdominal palpation and a vaginal examination. This recommendation has already been incorporated into the revised VBAC (vaginal birth after caesarean) form.*
- 2. The obstetric management team should consider how the timeliness of epidurals for pain relief can be improved.*
- 3. The obstetric management team should review decision making around non-elective caesarean sections to ensure that classifications are appropriate.*
- 4. Situational awareness: The need for staff to consider alternate delivery technique(s) earlier when faced with a challenging impacted fetal head at the time of delivery.*

It is hoped that the Trust response and attachments provided will assure HM Senior Coroner that the Trust does have policies and processes in place for mother's requesting caesarean sections and our staff are skilled to understand and empower women of their right to choose for themselves whilst ensuring that the safety of mothers and infants remains paramount.

Yours Sincerely

