

10 April 2024

Rachael C Griffin
Senior Coroner
The coroner's office for the county of Dorset
Bournemouth Town Hall
Bournemouth
BH2 6DY

Dear Ms Griffin,

I write in reference to your correspondence, dated 1 December 2020, and our initial response given on 26 January 2021 regarding the very sad death of Brandon-Robert William Collins-Hayward. Our thoughts continue to be with his family.

The concerns raised in your report surrounding the circumstances of Brandon-Robert's death were, whether there is sufficient guidance relating to the monitoring of mothers and babies in the immediate time following discharge from hospital after birth, and the assessment of babies when the mother is admitted to hospital within 28 days of birth (especially when diagnosed with infection and at high risk of developing sepsis).

At the time of our earlier response, we mentioned that our guidance in this area was being updated. Since this process has been completed, we can now confirm that our guidance for [postnatal care](#) (NG194) includes a recommendation addressing the issue of assessment of the baby where the mother has symptoms or signs of sepsis (shown here in bold):

1.2.8 For guidance on care for women with symptoms or signs of sepsis, see the [NICE guideline on sepsis](#). ***If the woman has confirmed or suspected puerperal sepsis, assess the baby for symptoms or signs of infection.***

The scope of our updated guidance for [Neonatal infection: antibiotics for prevention and treatment](#) (NG195) also covers late neonatal infection

(>72 hours to 28 days).

The Royal College of Obstetricians and Gynaecologists (RCOG) have also produced [guidance on the topic of bacterial sepsis following pregnancy](#). The purpose of this guideline

is to provide guidance on the management of sepsis in the mother and in the baby during the puerperium (i.e. sepsis developing after birth until 6 weeks postnatally).

I hope that this update is helpful.

Yours sincerely,

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Chief Executive