NHS
Nottingham
University Hospitals
NHS Trust

Please ask for the Medical Director's Personal Assistant

Our Ref: KG/JF

9th December 2021

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PRIVATE & CONFIDENTIAL
Dr E A Didcock
Assistant Coroner (Nottinghamshire)

[redacted]

Dear Dr Didcock

REGULATION 28 REPORT TO PREVENT FUTURE DEATHS: QUINN LIAS PARKER

I am the Medical Director at Nottingham University Hospitals NHS Trust and I write in response to the Report to Prevent Future Deaths issued on the 21st October 2021 in relation to the death of Quinn Lias Parker.

I have reviewed the Preventing Future Deaths report with all the clinical teams who have a role related to retention and examination of a placenta and I respond to the Matters of Concern following a detailed discussion of this case.

I have attached to this response the current NUH guideline that relates to the retention and examination of a placenta following birth. The guideline describes that at every birth a decision is made to either retain the placenta for 48 hours in a local fridge during the initial period of the baby's life or to send this directly to the pathology laboratory. It should be noted that the placenta is regarded as an organ of the mother, not the baby, and so is stored with reference to the mother's details. If the baby is deemed well at 48 hours the placenta is disposed of in a safe and appropriate way. The guideline describes a number of situations in which the placenta may be sent directly to the pathology laboratory for fixation and examination. One of these situations is where the baby is admitted directly to the Neonatal Intensive Care Unit immediately after delivery. Such was the situation for Quinn and the placenta was sent directly to pathology.

The laboratory undertakes a fixation process for the placenta tissue that they receive and this was duly undertaken. The time taken to 'fix' tissue is variable and depends on a number of factors but typically takes in the range of 48-72 hours before the placenta is ready for examination. Once 'fixed' and when ready for examination a standard approach is used to dissect the placenta and gain material for histological examination. The placenta in this case was dissected according to standard techniques. Following dissection and prior to the pathologist's examination the lab was informed of Quinn's sad death and the process was stopped pending instruction from HM Coroner as per laboratory standard operating procedures.

It is the case that Quinn had actually died prior to the dissection of the placenta commencing and that had the laboratory been informed of the death earlier the examination would not have been started. As above, the placenta is one of the maternal organs and not an organ of the baby and so is linked to the mother's records and not those of the baby. The laboratory only become aware of the baby's death when informed directly by the clinical or medical examiner team.

It remains unclear to the NUH pathologists how the standard dissection of the placenta that took place in this case has affected the conclusions of the Paediatric Pathologist. For this Report to be fully understood further clarification on this would be very helpful and this has been sought with the support of HM Coroner.

In response to this Report the Trust will develop a standard procedure such that in the case of any neonatal death within 48 hours of birth the medical examiner team will inform the pathology laboratory of this at the very earliest opportunity. Once further information is gained in relation to the placental examination the Pathology Department will review whether there needs to be any adaptation to current examination processes.

Yours sincerely

Medical Director

GMC Number 3261947

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