NHS
Nottingham
University Hospitals
NHS Trust

Please ask for the Medical Director's Personal Assistant

Medical Director's Office
3rd Floor, Trust Headquarters

www.nuh.nhs.uk

Our Ref: KG/JF

28 April 2022

PRIVATE & CONFIDENTIAL

Dr Elizabeth Didcock
Assistant Coroner (Nottinghamshire)
Office and Main Court
The Council House
Old Market Square
Nottingham
NG1 2DT

[redacted]

Dear Dr Didcock

I write further to your two questions that have been forwarded on to me in relation to placentas being cut. These were:

1. What are the processes now in place in the Pathology and Maternity Departments that will prevent/reduce the risk of a placenta being cut into after the death of a baby, when a referral to the Coroner has been made/is likely to be made?

2. What are the processes now in place in the Pathology and Maternity Departments that will allow a 'stop' and then consideration of a discussion with the Coroner, as to whether examination of the placenta in Histopathology is appropriate if there is concern that a baby is very unwell and may go on to die?

It may assist to first be appraised of the background to your request; there are in the region of 8-9000 births a year in the Trust. All of the placentas from those births are kept for 48 hours by the Obstetric Department whilst a decision is made as to whether or not there is any clinical reason to request a

pathology review of the placenta. The clinical reasons for sending a placenta to Pathology are set out in an existing policy which includes all still births.

In addition, there are around 975 admissions to NICU each year. Some of these are of neonates who were not born at a Trust site and so the Trust will not have had their mother's placenta in its custody. However in the case of all unexpected NICU admissions who were born at a Trust site their placenta is automatically sent to the Pathology Department for examination.

The Trust's Pathology Laboratory examines in the region of 700 placentas a year. These include all those related to NICU admissions and those where a request has been generated by the Obstetric Department.

The number of babies admitted to NICU who die in the neonatal period is in the region of 25 per annum. Many of these deaths do not come under the Coroner's jurisdiction, although all neonatal deaths are now referred to and scrutinised by the Medical Examiner.

At the time of Quinn's birth, placentas would either be retained by local maternity services for 48 hours and the placenta would be disposed of at the end of that period if mother and baby were deemed well , or, where a baby was admitted to NICU the placenta would be sent directly to Pathology (as it was in Quinn's case) for fixation and examination. Quinn's placenta was dissected in under 48 hours from his birth (on the afternoon of 16 July) because of the particular expedition in the case of NICU placentas and the Pathology Laboratory not having been made aware of his sad death earlier that morning.

Last year, in the light of your PFD report, an immediate 48 hour stop was put on the dissection of <u>all</u> placentas. However we have since reviewed the proposed processes and the length of that stop has been extended and is now set at 96 hours (ie 4 days) for all placentas that are sent to Pathology. A placenta may be fixed during that period, to prevent its deterioration, but it will not be dissected.

Currently, the Medical Examiner informs Pathology of any baby deaths within the first 48 hours. However, the Neonatal Team have also been in discussion with our Head of Patient Safety, the Medical Examiner and Digital Lead to create a digital solution. We propose to use the Trust's NerveCentre system to notify Pathology of a baby's death. This will be done through an automatic 'push' notification to the Pathology Team to allow them to see that a baby has died. We are in the process of testing the system prior to rolling out training and setting a go live date. The advantage of a 'push' notification is that it does not require any additional human intervention to inform Pathology of a death.

This along with the longer 'stop' period of 4 days will, we hope, ensure that for the majority of relevant deaths in the neo-natal period there will be an opportunity for your office to have further communication with Pathology regarding the examination of the placenta.

You have asked what processes are in place to allow for consideration of a discussion with the Coroner, as to whether examination of the placenta in Histopathology is appropriate if there is concern that a baby is very unwell and *may* go on to die.

After consultation with Obstetricians, Neonatologists, Pathologists and Digital Lead, it is the view of the Trust that it is not proportionate nor practically achievable to devise a process that would reliably allow for this given that all of the 975 admissions to NICU each year are, by the very nature of NICU, neonates who are very unwell and may go on to die. The death of a neonate on NICU is not predictable in a way that could reliably allow us to identify the 25 or so neonates who do actually die each year. This is why we have determined that extending the Pathology stop period across the board for all placentas, and having discussions with your office where a death occurs within 96 hours, is a preferable and more realistically achievable approach.

In 2021 we examined over 700 placentas and any new process must be workable given the large number of cases that the Pathology Department deal with. We believe that this extended Pathology 'stop' period will have a number of benefits whilst not being detrimental to mothers' or live babies if relevant clinical information might be obtained from placental examination.

I also understand that the parents of Quinn have some questions they wish to be answered regarding the pathology processes. I shall be writing to them under separate cover to offer them a meeting with appropriate Trust staff, to deal with this and their wider concerns about the Trust's communication with them. I do however sincerely apologise that the communication was not as the family wished. We have and will continue to reflect on this as an organisation.

Yours sincerely

Medical Director

GMC Number 3261947