

Chief Nurse / Director of Infection Prevention and Control



North West Anglia  
NHS Foundation Trust

Peterborough City Hospital  
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4 July 2023

Ms Samantha Goward  
HM Assistant Coroner for Cambridgeshire & Peterborough  
Lawrence Court  
Princes Street  
HUNTINGDON  
PE29 3PA

Dear Ms Goward

**Inquest relating to the death of Amelia BARBOSA**

I refer to your Regulation 28 Report dated 19<sup>th</sup> May issued following the inquest.

There were two matters of concern which you have asked the Trust to respond to.

The first area of concern relates to the taking of cord blood samples by midwifery staff. You heard evidence at the inquest that the midwife in this case did indeed attempt to take a sample of blood from that part of the umbilical cord which had been clamped. Unfortunately, she was unable to obtain any blood from there and therefore obtained a sample from the unclamped part of the cord. Following the inquest the midwifery department has produced and issued a poster in relation to this. I have enclosed a copy of the poster which makes it clear that cord blood samples must be taken from the clamped area and not from any other part of the cord or placenta. If the midwife is unable to obtain any blood from this part of the cord then they are to inform the Paediatricians in order that they can take a capillary sample.

The second area of the concern relates to the attempts to resuscitate after Amelia had been delivered in a very poor condition. An experienced Paediatric Registrar was in charge of the resuscitation until the Consultant Paediatrician arrived. The Registrar was unable to insert an umbilical vein catheter (UVC) in order to administer drugs and fluids. He therefore attempted intraosseous access. However, as only long intraosseous needles were available in theatre there was a delay whilst short intraosseous needles were located. I can confirm that following this incident the neonatal resuscitation trolley is now routinely stocked with short intraosseous needles.

As for UVC insertion, this is a technically difficult skill and UVCs are only inserted by Paediatric Registrars and Consultant Paediatricians. Before a

Paediatric Registrar can be signed off they must be able to insert UVCs under observation. However, as the independent expert stated during the inquest, there are occasions when it is simply not technically possible to insert a UVC. Hence the decision in this case to try to gain intraosseous access to give drugs and fluids. I can also confirm that there is regular training for undertaking these procedures on the ATLS (Advance Trauma Life Support) course which clinicians attend every four years. In addition, the Trust will be introducing *annual* updates for these procedures from September of this year for all doctors involved in looking after neonates.

Your report also referred to training in relation to the provision of blood transfusions. Whether a blood transfusion is given during a resuscitation is a matter of clinical judgement for the clinician in charge of resuscitation. However, it has been accepted by our Paediatricians that there should be a low threshold for giving a blood transfusion. In particular, it is preferable to give a bolus with blood rather than fluids. This adopts the NLS (Newborn Life Support) Guidelines from 2021 which recommends this.

I hope that our response to your report has provided reassurance to both you and the family that the necessary changes to our practice have been made following Amelia's tragic death.

I would also like to take this opportunity on behalf of the Trust to reiterate our deep condolences for Amelia's parents.

Yours sincerely



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