



11 November 2025

Association of Ambulance Chief Executives
25 Farringdon Street
London
EC4A 4AB

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Ms Emma Brown
Area Coroner for Birmingham and Solihull

Dear Ms Brown

MOHAMMED ISMAIL KHAN (DECEASED)

I am writing in response to the preventing future deaths report issued to our executive officer at the Association of Ambulance Chief Executives (AACE), and I respond as our Director of Operational Development and Quality Improvement on behalf of AACE.

On behalf of AACE, I would like to extend our sincere condolences to the parents and family of Mohammed Ismail Khan.

It may be helpful for us to explain that AACE is a private company owned by the English and Welsh Ambulance NHS Trusts. It exists to provide ambulance services with a central organisation that supports, co-ordinates and implements nationally agreed policy. Our primary focus is the ongoing development of the English ambulance services and the improvement of patient care. It is a company owned by NHS organisations and possess the intellectual property rights of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK ambulance service clinical practice guidelines (the "JRCALC guidelines"). AACE is not constituted to mandate or instruct ambulance services however it has national influence via the regular meetings of ambulance Chief Executives and Trust Chairs along with a network of national specialist sub-groups.

We respond by providing comments to your matters of concern relating to ambulance clinical guidelines (JRCALC) and training and education of ambulance staff. We recognise and acknowledge that breech birth is a high acuity, low occurrence presentation to ambulance staff and that ideally a woman should be in a hospital obstetric unit to have her baby.

The JRCALC guidelines are advisory and have been developed to assist paramedics make decisions about the management of the patient's health, including treatments and to support clinical practice. The advice is intended to support the decision-making process and is not a substitute for sound clinical judgement. We recognise that the guidelines cannot always contain all the information necessary for determining appropriate care and cannot address all individual situations; therefore, we expect that paramedics using JRCALC guidelines ensure they have the appropriate knowledge and skills to enable suitable interpretation.

The JRCALC guidelines contain guidance on the assessment and management of maternal emergencies, and we have a specific guideline for breech birth. The guideline was updated in September 2023 following extensive review by obstetricians, midwives, and paramedics. During the

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review we reviewed the available published clinical evidence around breech birth management and also considered reviews and outcomes of known incidents of breech births in the prehospital environment. We found that the published clinical evidence and guidance available was mainly hospital based and written predominantly for midwives and obstetricians.

We took a consensus approach to our guidance as it needed to be written for paramedics who may have not had clinical experience of a breech birth due to its low incidence in the prehospital environment. The aim was to ensure that the guidance was as simple, clear, and easy to use as possible. As part of the process, we asked a number of paramedics to review the management of breech birth algorithm for its ease of use and whether it was clear to them if they were to use it in an emergency situation. We also built into the guidance photographic images using mannequins to help show the specific manoeuvres that we recommend to deliver the baby and in addition we included short video clips.

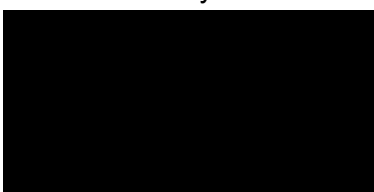
The guidance details when to consider moving the mother to hospital, how to position the mother and how to support delivery of the baby. It is a difficult decision in a highly stressful situation to decide to try and move the mother to hospital if she is in the process of delivering her baby and if a visible part such as limb has been delivered but delivery of the head is delayed. We provide guidance on this and emphasise the time critical nature of a breech birth delivery and that ideally the mother should be in an hospital obstetric unit. We have received feedback through our networks that since we issued the revised guidance it is helpful and that it has been used to support the delivery of breech babies.

With regard to your matter of concern around the training and education of paramedics, AACE are not responsible for this. However, we have shared the report via our networks and specifically with the national education network for ambulance trusts (NENAS), with the national pre-hospital maternity and newborn care group and the national ambulance services medical directors' group (NASMeD) for them to consider your matters of concern in their own organisations.

With regard to under-graduate and post-graduate paramedic training we are aware of variation in the provision of training for paramedics in maternity care and breech birth in both Universities (accredited by the HCPC) and ambulance services which for qualified paramedics is the responsibility of individual ambulance trusts. Additionally, we do not have any control over the allocation of specific funding for maternity training. We are aware that some training is delivered face-to-face to staff, often supplemented by online modules, webinars, and instructional videos. Simulation and hands on practice are widely used with training covers both theoretical and practical skills. Refresher training varies with some services offering training every 1-4 years, annually or as a part of continuous professional development.

If you have any further questions, please do not hesitate to contact us again.

Yours sincerely



Director of Operational Development and Quality Improvement

