

**REX V. NAZLI MERTHOCA**

**SENTENCING REMARKS**

1. On Tuesday 14<sup>th</sup> October 2025, you were convicted of the manslaughter of your three-month-old daughter, Kaylani. At the end of the trial sentence was adjourned for the preparation of reports and I must now sentence you.
2. Kaylani was born on 4<sup>th</sup> April 2024, and was one of a set of twins. As well as the surviving twin, you have two older children, one born in 2020 and one in 2018. The oldest of your four children lives with her natural father.
3. Kaylani was born prematurely and was the second twin. She spent 29 days on the special care baby unit at the North Middlesex Hospital before being discharged home on 13<sup>th</sup> May 2024. In the days immediately following her discharge home, visits and checks showed all was normal: Kaylani was thriving and feeding well. As a result arrangements were put in place for fortnightly visits thereafter.
4. At 10:27pm on 8<sup>th</sup> July, you made a ‘999’ call for an ambulance to come to Flat 84, Nisbet House, Homerton High Street, your grandmother’s flat, where you were then living. It was reported to the emergency services that Kaylani had fed at home at 10pm and there were no specific concerns before that time. Kaylani had been put to bed by you and when you returned some 15 minutes later, you found her to be gasping and not moving and CPR was started. When the ambulance and paramedics arrived they took over treatment. Kaylani was taken into hospital. Despite all the medical care she was given, very sadly she died on 23<sup>rd</sup> July 2024, aged just three months – the loss of a precious life.
5. The impact of the death of Kaylani will be felt by many. Although she is too young to know or understand what has happened, Kaylani’s twin sister will grieve in years to come, as will her older sister, her half-sister and wider family members. Nazli Merthoca you will have to live with the knowledge that you killed your own daughter and that fact is likely to have a lasting impact on your ability to parent your other children not just because of the inevitable period of custody that will be imposed, but the concerns over your conduct and the safety of children in your care.

6. Kaylani, her twin and one of your olderer child were all the subject of a child protection plan at the time of Kaylani's death. Social services had been involved due to various concerns that had been raised. Firstly, that you and your partner were mutually abusive. Secondly, although not formally diagnosed, you had some mental health difficulties. Thirdly, there was some potential drug use. After demonstrating to social services that you and your partner were fit to be parents, you were allowed to retain custody of the children albeit with on-going social services input.
7. In the course of the trial text traffic passing between you and Herbert Kalanzi was placed before the jury so that they could see the nature of the relationship between the two of you as well as your approach and attitude towards the children.
8. As I have said, as at July 2024, you were living in your grandmother's flat which is on the first floor at Nisbet House. A neighbour, in a ground floor flat, gave evidence at the trial of hearing, at times, you shouting, screaming and generally being disruptive. During the evening of 8th July 2024, at around 9pm, the neighbour heard loud noises coming from the your flat.
9. In the course of the '999' call, when asked by the operator if the patient was breathing, you said no. You said the patient was a baby, that you had tried to do CPR but milk was coming out of the baby's nose and mouth. You heard bubbles. You said she was warm, but was losing temperature and that you couldn't see any breath. As the call operator tried to offer assistance, you and Mr Kalanzi were asked if there was anything in the baby's mouth. You replied and said there was vomit in the mouth. Mr Kalanzi said there was nothing in the mouth. When the operator queried this, asking for a definitive answer, you became angry and terminated the call.
10. The operator called back immediately. You said the ambulance was not there yet. You also said that you had put the baby on her front, that there was milk coming out of her nose and a little bit of blood. The operator tried to give further instruction. You responded and said: "*I am not doing anything, I don't know how to, I am panicking*". Mr Kalanzi then took over and followed the operator's instructions, before the London Ambulance Service arrived.
11. When the paramedics arrived at Nisbet House you held the door open whilst on the phone. You appeared calm. You said that the baby's heart had stopped beating. When asked: "*do*

*you mean the baby is dead?”* you replied “yes”. You said you and Kalanzi had watched YouTube videos on how to do CPR.

12. On entering the flat the paramedics found Mr Kalanzi administering CPR to Kaylani who was lying on a sofa/bed. Kaylani appeared lifeless. She was wearing only a nappy and had milk coming from her mouth and nostrils. Paramedics noted a large amount of milk/vomit on Kaylani’s face. Vomit was suctioned from her airway and ventilation commenced. Kaylani was transferred from the sofa to a small table.
13. You became aggressive and obstructive towards the ambulance crew and began filming them on your telephone. You threatened to call the police. When it became clear that Kaylani had suffered a cardiac arrest and the situation so critical another crew was required, you started to shout that the ambulance service should have arrived with sufficient resources. You were asked about Kaylani and said that Kaylani had become clammy whilst feeding and was unsettled which you ascribed to Kaylani scratching her face. You also said that you tried an evening feed to settle Kaylani, had put her down for 10 minutes and returned to find her choking on milk with bubbles coming out of her nose.
14. Initially Kaylani was taken to Homerton Hospital and then onto Great Ormond Street Hospital. When examined it was found that Kaylani had suffered a bilateral subarachnoid haemorrhage, subdural haematoma and large intercranial bleed. The injuries sustained were inconsistent with the history you gave. At times you were uncooperative and abusive to staff. When interviewed you denied any assault on your daughter.
15. Extensive post-mortem investigations were carried out. As Dr Cary, the forensic pathologist set out in his evidence, drawing together the findings from various disciplines, Kaylani’s cause of death was from head injury. There were the hallmarks of head injury of the shaking and / or impact type: multifocal thin-film subdural haemorrhages, extensive bilateral findings in the eyes, including multi-layer retinal haemorrhages, widespread retinal detachment, a left peri-macular fold, bilateral optic nerve sheath haemorrhages, orbital soft tissue haemorrhages and peri-papillary scleral haemorrhage.
16. Injuries to the ribs are those typical of a squeezing from side-to side: gripping the trunk of the body causing posterior rib fractures. At least moderate force would be required to cause these injuries in a 3 month old. As Dr Cary described it, squeezing that would appear inappropriate to any normal adult.

17. There were lesions in the leg caused by pulling and twisting the bones around the joint. This particular injury is deep inside the bone and caused as part of the episode giving rise to the shaking injury and would require moderate to severe force.
18. The injuries to the brain, spinal cord and eyes would need a level of force nearer to a severe level. As Dr Cary explained the mechanism - shaking as hard as you could. The immediate effect of what took place would be an obvious and a noticeable change in the condition of the baby: respiratory arrest would be pretty much immediate.
19. As Dr Cary accepted, all the injuries here are consistent with a single episode of violence. The twisting injury to the knee could be same episode albeit by means of a slightly different mechanism. It seems to me that the events here are consistent with the loss of temper by you. There was much going on in the household at the time of this incident.

### **Antecedents**

20. You are now aged 24. There are three convictions recorded against you covering four offences. In October 2016, aged 16 for an assault you were made the subject of a referral order. In 2018, aged 18, for another assault when you were 17, a battery offence when 18 and shoplifting you were made subject to a youth rehabilitation order for 12 months with an activity requirement, a supervision requirement and a curfew requirement.

### **Approach to sentence.**

21. The maximum sentence for unlawful act manslaughter is one of life imprisonment. In considering the relevant sentencing guidelines I need first to consider culpability. The guidelines provide various characteristics as indications of the level of culpability. Here, in my judgment there are two listed within those for high culpability that apply. Firstly: *“Death was caused in the course of an unlawful act which involved an intention by the offender to cause harm falling just short of grievous bodily harm”* and *“Death was caused in the course of an unlawful act which carried a high risk of death or grievous bodily harm which was or ought to have been obvious to the offender”*. Such a finding brings this case within high culpability. The start point for that category is one of 12 years’ custody and a range of sentence between 8 and 16 years’ custody.

22. Turning next to any factors increasing seriousness, you have some previous convictions for assault, albeit committed when you were younger and of a different nature and so I do not aggravate the sentence because of them, but equally, the fact of previous offending provides no mitigating impact. The victim was particularly vulnerable due to her tender age and the offence takes place in a position of trust which is abused. There is also the potential impact of cannabis use. A smell consistent with cannabis is detected when the paramedics arrived at the scene and I note you refused to provide blood and hair samples for analysis. In the psychiatric report of Dr Puri I note that you stated you last smoked cannabis at midnight the day before Kaylani was killed. I cannot be sure you were under the influence of cannabis at the time.
23. On factors reducing seriousness or reflecting personal mitigation, the killing of Kaylani took place in the post-natal period and although no formal diagnosis at the time, there was some awareness of mental health issues you faced and were living with.
24. In terms of analysis of your mental health, as well as considering the Sentencing Council guidelines on sentencing those with mental disorders, I have seen and read two reports. The first is from a clinical psychologist, Dr Mazda Beigi, dated 29<sup>th</sup> July 2025, and the second from a consultant forensic psychiatrist, Dr Ramneesh Puri, dated 2<sup>nd</sup> August 2025. As will be clear from the dates, the reports were prepared in advance of the trial and were commissioned primarily to address any issues around fitness to plead rather than to consider sentencing. However, I must have regard to the contents of the reports as well as the relevant guidelines.
25. Dr Beigi's sets out a detailed history you provided. In the summary of the conclusions Dr Beigi says that you are likely to be an individual with a highly complex presentation. The report also states that you are a vulnerable lady with a complex history of mental health difficulties, including indications of childhood trauma leading to an eating disorder. It notes that the impression of you is that you have:

*“...developed a number of what may appear to be oppositional and defiant traits, as a result of multiple negative experiences with healthcare services.*

*1.3.4 In my clinical experience, her reported behaviour at the time of her daughters [sic] death are consistent with her history of potentially learnt behaviours/traits, contributing towards a general mistrust of healthcare services.*

Much of the content of this report derives from information you to Dr Beigi. Some of that information is about your relationship with Mr Kalanzi and I must exercise a degree of caution on what you say on that topic. There is some material that deals with events leading

to the care plan for the children, but no formal diagnosis of any mental health issues at the time of the killing of Kaylani. At paragraph 1.4 on your general mental health the report states:

*Ms. Merthoca reports an extensive history of mental health difficulties. I note that her records refer to a history of suicidal thoughts, overdose, domestic abuse, PTSD, anxiety and depression. I note that her records reference a history of sexual assaults.*

*I note that her clinical letters indicate that she has been part of a child protection plan from 2023 and undergone a number of reviews. I note that the reviews refer to Ms. Merthoca presenting with mental health difficulties. I note that her letters indicate an unpredictable history where Ms. Merthoca is sometimes said to have engaged well and other times not so well. I note that her letters also indicate that she has been referred for mental health support in the past, with mentalisation based therapy recommended in July 2022.*

26. In the report of Dr Ramneesh Puri there is an analysis of information contained in your medical records. Dr Puri's report deals with your account of the birth of your previous children and your relationship history. As I noted with Dr Beigi's report I must exercise a degree of caution on those parts of the report that deal with your interaction with Mr Kalanzi and what you say about his conduct. I note from Dr Puri's report was you say about the use of drugs and in particular what you say about the last time you consumed cannabis before the killing.
27. Having read both reports, in my judgment some allowance on sentence should be made for what both set out in terms of your mental state now and at the time of the offence. There is a form of mental disorder there has been some impact on your learning and development.
28. In terms of other mitigating features, I am of the view that this was not pre-meditated and despite the events of the night that led to the death of your daughter, there is the obvious love shown by you to your children. Although set out in the reports I have mentioned, as a separate consideration there is your background and personal circumstances. I also take into account your age.
29. Manslaughter requires a consideration of the issue of 'dangerousness'. At the end of the trial I adjourned sentencing for the preparation of a Pre-Sentence Report [PSR] including an assessment as to dangerousness. You did not give evidence at trial. Having read and considered the report and the other reports, I do not find the threshold for dangerousness to be met.

**Mitigation.**

30. Mr Aina and Mr Webb have set out all of the information as to your background and mental health in their helpful sentencing note. The categorisation within the relevant sentencing guidelines is accepted. Mr Aina submits the various features he has highlighted take the case to one towards the lower end of the category range for high culpability.
31. There is a detailed and helpful PSR and I am grateful to the author for her helpful analysis of the offence and of her assessment of you following two interviews. I note the continuing denial of the offence and the approach to casting some of the blame onto Mr Kalanzi for the death of Kaylani, as well as the conclusion that the time in custody to date has led to reflection by you of what has happened and that you have some insight into your issues.
32. Mr Aina relies in particular on your very challenging background and the time you were in care and the exposure to drugs. He also highlights within some of the statements the grief you suffered following the death of Kaylani.

**Sentence.**

33. In my judgment having regard to the facts of this case, the mechanism by which injury is caused that leads to death, bring it within high culpability, Category B. The aggravating features I have identified and set out above take the sentence up from 12 years' imprisonment to one of 13 years' imprisonment. I must be careful not to double count as some features will have led to placing this case into Category B. Making allowance for all of the mitigating features identified brings that sentence down to one of 9 years' 6 months' imprisonment. Therefore, the sentence on manslaughter will be one of 9 years' 6 months' imprisonment. You will serve two-thirds of that sentence in custody. You will then be released on licence. Whilst on licence you must comply with the terms of it. If not, then your return to custody is likely to be ordered for the remainder of the custodial term.
34. As the statutory surcharge applies the appropriate order will be drawn up.

Recorder of London  
His Honour Judge Mark Lucraft KC  
Central Criminal Court,  
Old Bailey, London EC4M 7EH  
December 15<sup>th</sup> 2025.