



Royal College
of Midwives

Private & Confidential

Emma Brown, Area Coroner for the jurisdiction of Birmingham and Solihull
Sent by email to: [REDACTED]

4 March 2026

Dear Ms Brown,

Royal College of Midwives (RCM) response to Regulation 28: Report to Prevent Future Deaths Ref no: 46425464

Thank you for your Regulation 28 Report to Prevent Future deaths following the inquest into the death of Miss Chloe Ulett.

The Royal College of Midwives (RCM) would like to begin by expressing our sincere condolences to the family and all those affected by the death of Chloe Ulett.

The RCM is a professional association and trade union and does not hold statutory or operational responsibility for the delivery of maternity services. However, we play a key role in representing the professional voice of midwives, influencing policy, representing midwives and maternity support workers both individually and collectively in the workplace and working collaboratively with practice partners to advocate for safe, effective and high-quality maternity care. The response to this report is in the context of our responsibilities as a stakeholder within maternity services.

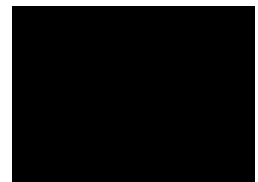
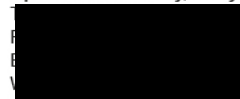
We have carefully considered the matters of concern in your report. While the RCM does not have authority to implement changes at service-level, we have identified actions under each point that are within our remit and/or sphere of influence:

- 1. The window of opportunity to consider and make a diagnosis of a metabolic disorder and institute effective treatment is very short, 24 to 48 hours from the commencement of symptoms, and relies on early measurement of ammonia in an adult presenting with behavioural change and confusion.**

Midwives have a key role in recognising acute changes in behaviour, cognition or consciousness in women throughout pregnancy, postnatally or in those with complex medical histories. Sudden confusion, agitation, reduced responsiveness, or unusual



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behaviour should always be treated a clinical red flag. Any unexplained acute confusion should be escalated urgently to medical staff, using local escalation pathways and early warning systems.

Learning from this case highlights the importance of maintaining a high index of suspicion when women present with unexplained neurological or behavioural symptoms. Midwives are reminded to treat such presentations as clinical red flags and to escalate concerns promptly using established local pathways.

Actions should include reinforcing education on the recognition of acute changes in mental status and their potential clinical significance. This should be delivered through mandatory training and regular clinical updates and strengthened through practice education across NHS England. Local and regional protocols should also be reviewed and updated to ensure consideration of ammonia testing when altered behaviour or confusion is identified, which is within the remit of NHS England.

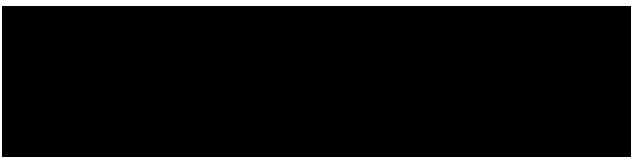
2. There are no identified NICE or BMJ best practice guidelines which currently recommend testing of ammonia levels for undifferentiated acutely presenting confused patients.

Midwives are expected to practise in line with national guidance and local policies. In the absence of specific recommendations for ammonia testing, midwives would not routinely initiate such investigations without discussing clinical concerns with medical staff. NICE are responsible for development of national guidance to address maternal assessment or to link to associated guidance for adult medical assessment and treatment. The RCM would contribute professional expertise through consultation process as appropriate.

Points 3-11 do not relate to the role of the RCM and therefore we feel unable to comment further.

Thank you again for raising these matters with the RCM. We trust this response addresses the matters raised in your report. Please let us know if any further information or clarification is required.

Yours sincerely



CEO, General Secretary & Chief Midwife
The Royal College of Midwives