

RESPONSE TO A REPORT TO PREVENT FUTURE DEATHS

REGULATION 28 OF THE CORONERS (INVESTIGATIONS) REGULATIONS 2013

When a coroner sends a prevention of future deaths (PFD) report to a person or organisation, they must respond within 56 days. Recipients of a PFD report can apply to the coroner for an extension. A response to a PFD report must detail the action taken or to be taken, whether in response to the report or otherwise, or it must explain why no action is proposed.

The purpose of the response template below is to promote clarity, ensure that responses address the coroner's concerns directly and transparently, and support consistency and good practice across organisations and sectors. It does not restrict how a person or organisation formulates their response; recipients remain responsible for determining what action is appropriate and for ensuring that their response accurately reflects the steps taken or planned.

In accordance with the Chief Coroner's [PFD Publication Policy \(2026\)](#) representations regarding publication of a response should be sent to the coroner. These representations should be made at the same time as the response is provided. The coroner will pass any representations received to the Chief Coroner for a decision

	RESPONSE TO A REPORT TO PREVENT FUTURE DEATHS REGULATION 28 OF THE CORONERS (INVESTIGATIONS) REGULATIONS 2013 (Please do not include any living persons' names in this document, in accordance with the Chief Coroner's PFD Publication Policy (2026)) THIS RESPONSE IS BEING SENT TO: HM Area Coroner Emma Brown for the coroner area of Birmingham and Solihull in response to a 'REPORT TO PREVENT FUTURE DEATH REGULATION 28' following an inquest into the death of Amelia Nasiadka, that concluded on 27 July 2026.
1	RESPONDENT In line with our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013, the National Institute for Health and Care Excellence provides this response within 56 days (plus any extension granted) of the date of the Report to Prevent Future Deaths
2	DATE OF RESPONSE 21 September 2026

3	CONFIRMATION OF CORONER'S MATTERS OF CONCERN The MATTERS OF CONCERN were identified in the report as follows: The evidence in this investigation identified that there is a risk to life arising from the absence of specific national guidance for intrapartum care professionals identifying that: 1) a period of loss of contact on a continuous cardiotocography (CTG) trace can be due to acute fetal bradycardia, distress or demise and 2) a specific period after which loss of contact, despite actions to improve contact, should be escalated as an emergency or, at least, considered for escalation.
4	DETAILS OF ACTION TAKEN, how has the concern been addressed. (If no action is proposed please explain why here) Please note that any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online. The National Institute for Health and Care Excellence (NICE) has reflected on the circumstances surrounding the sad death of Amelia Nasiadka and the matters of concern that have been raised in your report. We note that your report has also been sent to the Royal College of Obstetricians and Gynaecologists (RCOG). Matter 1 Monitoring the wellbeing of the baby during labour is covered in our guideline on fetal monitoring in labour [NG229]. We have not made a specific recommendation about loss of contact on a continuous CTG trace. However, our recommendations place particular emphasis on the following: Ensuring that the CTG trace is of high quality and, if not, taking action to improve the trace (for example, by repositioning the tocodynamometer, the transducer or by using a fetal scalp electrode) (Recommendation 1.4.9). Recognising that fetal heart rate monitoring is only one component of fetal assessment and that the overall clinical picture should be reviewed whenever there are concerns about the trace (Recommendation 1.4.10). Continuous reassessment of the woman and baby, with a documented assessment at least hourly and more frequently if concerns arise (Recommendation 1.4.1). Poor-quality CTG recordings or uncertainty about the signal would be part of that reassessment process. Matter 2 We do not think that it would be appropriate to recommend a specific period of time after which loss of contact should be escalated as an emergency as this will be vary depending on the individual clinical circumstances. We are not aware any evidence for recommending a specific cut-off time, and do not believe that blanket guidance based on a particular time would be either helpful or appropriate.

5	DETAILS OF FURTHER ACTION PROPOSED <i>Please note that any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online.</i> We will work with clinical experts to determine if the guideline might be amended to emphasise that a period of poor quality CTG may be masking fetal bradycardia, distress or demise, and that escalation should be considered, where this is appropriate to the specific circumstances of the clinical situation.
6	SIGNATURE   Chief Executive