Courts and Tribunals Judiciary

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: **RCOG** HM **SENIOR/AREA/ASSISTANT** Coroner **Hannah Berry** for South Yorkshire West in response to a '**REPORT TO PREVENT FUTURE DEATH REGULATION 28'** following an inquest into the death of **Ted Oliver Stewart** that concluded on 30 June 2026
1	**RESPONDENT** In line with our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013, RCOG provides this response within 56 days (plus any extension granted) of the date of the Report to Prevent Future Deaths
2	**DATE OF RESPONSE**

3	**CONFIRMATION OF CORONER'S MATTERS OF CONCERN** The **MATTERS OF CONCERN** were identified in the report as follows: (1) There is no national guidance regarding the assessment and management of women presenting during pregnancy with an oblique lie or other non-cephalic lie. In Ted's care the junior doctor searched for guidelines to assist in the management plan of Ted. Had such guidance existed, it may have alerted the doctor to the clinical significance of the finding and informed appropriate management.
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 Royal College of Obstetricians and Gynaecologists (RCOG) would like to begin by extending their deepest and heartfelt condolences to Baby Ted's family. This is a devastating tragedy for his parents, the wider family and the healthcare professionals involved. On reviewing the details of this Report to Prevent Future Deaths, there has been input from the RCOG Patient Safety Committee and Senior Officers of the College. We recognise and accept the narrative conclusion from the inquest that Ted died as a result of a severe hypoxic and ischemic brain injury caused by head entrapment during the breech delivery. We also acknowledge the matters of concern that have been outlined and are detailed above. The RCOG has two clinical guidelines that consider the management of women with non-cephalic lie at term, Green Top Guideline Number 20b Management of Breech Presentation focuses specifically on the management of breech presentation at term. It recognises the fact that a footling breech presentation constitutes a higher risk situation and that caesarean birth should be recommended. The management of non-longitudinal lies (that is, neither cephalic, nor breech) have a far less robust evidence base to guide their management, however Green Top Guideline Number 50 Umbilical Cord Prolapse specifically considers transverse, oblique and unstable lies in its recommendations on how to avoid umbilical cord prolapse. Section 4.3 recommends that *"with transverse, oblique or unstable lie, elective admission to hospital after 37+0 weeks of gestation should be discussed and women in the community should be advised to present urgently if there are signs of labour or suspicion of membrane rupture"* However, this is based on lower quality evidence and expert opinion resulting in a wider variation in clinical management than for recommendations with a higher quality evidence base. Women with a non-longitudinal lie at term should have individualised counselling as to their options for care from an experienced obstetrician. The RCOG has produced a Good Practice paper on the management of maternity triage and we recognise and support the recommendation from the recent National Maternity and Neonatal Investigation highlighting the importance of safe maternity triage. Maternity triage must be formally designated as a safety-critical clinical

	environment, with binding national standards rather than guidance. The Good Practice Paper aims to support local maternity services to offer responsive, safe and evidence-based care and provides guidance on both medical and midwifery staffing. We support the recommendations from the NHS England National Maternity Triage Specification that triage staffing models must provide appropriate escalation pathways to ensure timely access to senior clinical decision makers. The RCOG core training curriculum Core Curriculum: CiP 1 (*Capability in Practice 1: The doctor is able to apply medical knowledge, clinical skills and professional values for the provision of high quality and safe patient-centred care)* includes an expectation that trainees in obstetrics and gynaecology can recognise their limitations and escalate care to senior colleagues and other specialties when appropriate. Thank you for bringing this matter to our attention and hope that this is a helpful response. We continue to review all current evidence to ensure evidence-based guidelines are in place to support clinicians so they can provide the best possible care to every woman and every baby.
5	**DETAILS OF FURTHER ACTION PROPOSED** 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.*

6	**SIGNATURE**  [redacted] Chief Executive, Royal College of Obstetricians and Gynaecologists