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Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

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**University Hospital of Wales**  
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Eich cyf/Your ref: P-04-603  
Ein cyf/Our ref: AC-jb-05-4783  
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**Professor Adam Cairns**  
**Chief Executive**

11 May 2015

Mr William Powell AM  
Chair  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Mr Powell

### **Petition P-04-603 - Helping Babies Born at 22 Weeks to Survive**

Thank you for your letter of 23 April 2015 in relation to the above petition. You requested that we let you know what lessons Cardiff and Vale University Health Board has learned from this case and how it intends to apply these lessons more widely.

I can confirm that the maternity service has completed a number of actions to ensure that:

- 1 E J has received the care she requires for planning next pregnancy
- 2 That wider lessons are learned and shared with colleagues across Wales.

#### **1 Care and support for E**

E has been reviewed within the service by the Clinical Director for Obstetrics and plans for management of subsequent pregnancies put in place. A named point of contact for E has been identified and E has been given appropriate telephone contact numbers and has been in touch with the consultant midwife for maternity services to ensure that E has ongoing support.

#### **2 Wider organisational learning**

- Cardiff and Vale University Health Board's guideline 'Diagnosis of Pre-Term Labour using Fetal Fibronectin' includes recommendations for management of fetuses and newborn infants at the threshold of viability. This framework for practice supports multi-disciplinary team involvement with a neonatologist to be present before and at the time of birth (>22/40) to assess whether the baby meets the criteria for resuscitation. This is in line with guidance developed by the British Association of Perinatal Medicine (2008). The current maternity services guidance is due to be renewed and a multi-disciplinary team

approach has been convened including neonatal representation to ensure that this is completed as soon as possible.

- E has been invited to work with the maternity service to review advice, information and support given to families following the death of a child that breathes.
- The maternity service is exploring the possibility of appointing a named midwife for bereavement who will work in partnership with E and other with members of the public to ensure that information and advice is reviewed and updated.
- An All Wales approach to developing guidelines for extreme prematurity has commenced. This workstream will also include the development for parent information leaflets. A meeting for members of the All Wales Neonatal and Maternity Network was held on Wednesday 8<sup>th</sup> April 2015 at the Princess of Wales Hospital, Bridgend. Actions from this meeting were to ensure that the draft parent information leaflets and guideline for extreme prematurity were shared widely for consultation and comments including seeking parental opinion. A further action for the group is to produce guidance to optimise communication and management for delivery at 22 and 23 weeks gestation for neonatal / paediatric personnel as well as obstetric / maternity professionals.
- The Head of Midwifery has planned to meet with the All Wales Maternity Network Manager on 14 May 2015 to discuss management of very premature babies as part of joint work between neonatal and maternity services across Wales and to ensure that in order to share learning widely, Cardiff and Vale are represented within the group.

Yours sincerely



**Professor Adam Cairns**  
**Chief Executive**

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## **Briefing Paper**

### **Maternity Services Action Plan – E J**

#### **Situation**

A meeting was held between E J and Cardiff and Vale University Health Board. At this meeting, the Health Board agreed to undertake a number of actions in response to the concerns raised by E in relation to the death of her son R who was born at 22 weeks gestation.

#### **Background**

E gave birth to baby R at University Hospital of Wales in December 2012. Her baby was very premature at 22+ weeks gestation however showed signs of life and was breathing unaided at birth. R was not offered resuscitation or support after birth. R lived for 93 minutes.

#### **Assessment**

The Health Board has offered E an apology and has recognised that there are lessons to be learned as it appears that both national and local guidance was not followed; E and her partner did not receive any counselling from members of the multi-disciplinary team regarding R's life chances or subsequent management at birth. Maternity services were given clear actions to complete as outlined below.

#### **Recommendations**

- 1. Notes of the meeting were to be circulated by concerns team manager.**  
This action has been completed.
  
- 2. Clinical Director Mr A Griffiths was to be briefed regarding future pregnancy care planning for E**  
Mr Griffiths met with E on 27<sup>th</sup> March 2015, E also attended Gynaecology clinic on 27<sup>th</sup> April 2015.
  
- 3. To write a new protocol on the response and actions required for preparing for the birth of a very premature baby less than 23 weeks that is healthy. The protocol is to be developed in partnership with E and key members of the multi-disciplinary team.**  
Cardiff and Vale University Health Board's guideline 'Diagnosis of Pre-Term Labour using Fetal Fibronectin' includes recommendations for management of fetuses and newborn infants at the threshold of viability. This framework for practice supports multi-disciplinary team involvement with a neonatologist to be present before and at the time of birth (>22/40) to assess whether the baby meets the criteria for resuscitation. This is in line with guidance developed by the British Association of Perinatal Medicine (2008). The current maternity services guidance is due to be renewed and a multi-disciplinary team approach has been convened including neonatal representation to ensure that this is completed as soon as possible.

**4. Arrangements to be put in place for a midwife to be assigned to E. Clinical Director Mr A Griffiths will act as care co-ordinator for E**

Consultant Midwife Karen Jewell is the named point of contact for E. Should E let us know that she is pregnant in the future, a named midwife and consultant obstetrician will be immediately identified and a clear plan of care put into place in partnership with E.

**5. A review of the advice, information and support given to families on the death of a child that breathes should be reviewed and updated.**

Consultant Midwife Karen Jewell has met with E to discuss postnatal care and information. The maternity service is exploring the possibility of appointing a named midwife for bereavement who will work in partnership with E and other with members of the public to ensure that information and advice is reviewed and updated. The Head of Midwifery has planned to meet with Maternity Network Manager Claire Roche on May 14<sup>th</sup> 2015 to discuss management of very premature babies as part of joint work between neonatal and maternity services across Wales.

Suzanne Hardacre  
Head of Midwifery  
1<sup>st</sup> May 2015