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Our Ref: ABR/keh

Tuesday 24th December 2013

Miss Sarah Elaine Ormond-Walsh

Her Majesty's Deputy Coroner for Birmingham & Solihull District

Coroner's Court

50 Newton Street

Birmingham

B4 6NH



Dear Miss Ormond-Walsh

Re: *Action taken to prevent future deaths from extravasation of fluid (parenteral nutrition) from central lines.*

Further to my correspondence from the 4th of October 2013, I corresponded with the clinic leads and managers of each of the two Newborn Networks (South West Midlands Newborn Network; SWMNN and Staffordshire Shropshire and Black Country; SSBC) as well as the surgeons responsible for placing lines under anaesthesia at Birmingham Children's Hospital.

My colleague and lead for clinical governance at Birmingham Women's, [REDACTED] has undertaken a literature review and a review of the local Network practice.

All the Neonatal Units in SWMNN (except for Good Hope Hospital which does not take babies with central lines) were surveyed as to their practice.

Prior to your correspondence there was a variation in practice and only one unit did not routinely repeat an X-ray after adjusting the long-line position.

Since Caitlyn Hayfield, (latterly Bennett) suffered this complication there has been a raising of awareness of this potential lethal complication via the SWMNN annual perinatal mortality meeting. As I have already stated the potential for pericardial tamponade is also a recurring topic within the British Association of Perinatal Medicine (BAPM). The practice of re-X-Raying routinely then any central venous catheter is adjusted has been instituted across all of the Network. At Birmingham Women's we have developed stickers which can be easily placed in notes to communicate that a film has been seen and appropriate line adjustments made (example enclosed).

The routine use of contrast medium would be inappropriate because there is an excess iodine content in the medium which makes it radiopaque. We often have to balance the risk of one treatment against the other. Certainly we would use contrast if there was no other way of discerning where a line tip was, but not as a routine.

[REDACTED] from Birmingham Children's Hospital is the lead surgeon for the central line service and has responded separately. I append a copy of his response. I also append a copy of the report which [REDACTED] sent me. My proposal is that I share this response to you with the member units of the West Midlands Newborn Networks.

On a different note, I would value being able to meet up with you to discuss how we may jointly improve the management of cases that we refer to you to make the experience less distressing for parents.

With many thanks and best wishes.

Yours sincerely




Consultant Neonatologist
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