

## EXAMPLE POOR LETTER

Dear Mrs Williams

First off we would like to express our condolences for your loss. We have had a long discussion about the events leading up to your recent fetal demise. We discussed in detail the post mortem results of your baby and we also discussed how we can go forward with any future pregnancies.

This was your first pregnancy and you were assessed as low-risk at your booking appointment. We planned your induction and membrane sweep. Following this you went into spontaneous labour. You contacted triage at this stage and you were advised to stay at home until your labour progressed further. Later your contractions became more frequent. You were concerned about reduced fetal movements and you decided to come in. Our examination of you then revealed that you were 7 cm dilated, you had a normal fetal heartbeat and your pulse was normal and you were contracting 3 contractions in 10 minutes. You said you wanted to go into the birthing pool and when you were examined after this, staff could not hear the fetal heartbeat. It was at this stage that you were taken to the delivery suite and we did an ultrasound scan, confirmed that the fetus did not have a heart beat and therefore was dead.

In a letter to us you have expressed your anxieties about the frequency of fetal heart monitoring. Your husband in particular feels that if you had been monitored more regularly that the fetus would not have died. I explained to you this case is under investigation and once the investigation is over we will explain to you what has happened and if there any shortcomings we will take action to change our policy on fetal heart rate monitoring. I do think this is unlikely to be the case, however.

The post mortem examination revealed you had a female fetus, appropriately grown for its gestational age. The stillbirth was a fresh stillbirth and there is no evidence of congenital abnormality present. Evidence suggests your baby died due to acute oxygen deprivation and a small placenta. Our microbiology tests did not suggest evidence of any infections.

If you become pregnant again, you are not planning to have deliveries in our hospital. I have suggested you should have continuous monitoring in any future pregnancy as well as serial growth scans. You have indicated that you would like an early induction and possibly a Caesarean in another pregnancy. This is understandable.

I wish you and your husband luck in getting pregnant again. If you have any further questions with regards to this letter, please get in touch with my secretary to arrange an appointment.

Yours sincerely

*Dictated, checked but not signed*

## IMPROVED VERSION

*Saying sorry is not an admission of liability – it is the kind, humane thing to do in these circumstances.*

Dear Mr and Mrs Williams

I am so sorry about the death of your little girl Eliza.

I am aware that several weeks have passed since we were last in contact and hope that this has not increased your distress. In this time our review team has been gathering information from the post mortem report and your health records. The review team is a group of health professionals including midwives and doctors who look after pregnant women (obstetricians). They have been using all the information we have about your pregnancy and labour, as well as the post mortem results, to understand as much as they can about why Eliza died. They have taken into account the questions and concerns you had about how often Eliza was monitored during your labour.

Her death was unexpected as we considered you to be healthy and to be having a normal pregnancy throughout. We did not find anything in our early assessment of you that might suggest otherwise. We planned for you to be induced by 41 weeks and 5 days because this is considered good practice, but you went into labour naturally at 41 plus 2 days.

You called when you began contractions which was the right thing to do. We advised you to stay at home until you were in established labour and the contractions were more frequent. While I know this advice has caused you concern, this is normal advice for women whose pregnancies are not thought to be complicated in any way. You were right to come in after your contractions increased and you became concerned that your baby wasn't moving as much. At this stage, after monitoring you and Eliza's heartbeat, it appeared everything was progressing well and the plan to go into the birthing pool seemed a sensible one.

We monitored Eliza again 15 mins after you went into the pool. This is normal practice in a labour that appears to be progressing normally. However, while checking Eliza's heart rate at this stage, we were unable to find it. A further ultrasound scan in our obstetric unit confirmed that very sadly she had died.

We have run several tests to try to understand why she died. Most of these tests are normal. There was no sign of infection, or an inherited genetic abnormality that might have caused Eliza's death.

We did however find that she had a small placenta, the organ (placenta) that supported her supply of oxygen and nutrients in the uterus (womb) during your pregnancy. It seems that while she had grown well and appeared to be well, she may in fact been lacking oxygen and nutrients in the last hours, possibly days, of her life. Her brain shows some damage from lack of oxygen.

In the light of Eliza's death, we are looking at the monitoring you received and assessing further whether we think it was adequate so that we can properly answer your concerns about the frequency of your monitoring. We will let you know as soon as this further report is written. I hope this will be done in the next 3 weeks. I am so sorry that you have to wait a little longer for this.

We understand that you do not feel at this stage able to come back into the hospital to speak with me in person. If you change your mind please know that we are here. You can arrange an appointment at a later date, if at any time you change your mind by contacting my secretary on [telephone number].

If you become pregnant again, you have said that you would prefer to be cared for at a different hospital. Your medical notes will be available to you and any future obstetrician or midwife who looks after you. For our part, we would recommend that you are regularly monitored during any new pregnancy, to ensure the placenta is working well throughout and that the baby is growing well.

While you may not wish to come to the hospital for now, support from our bereavement team is available whenever you need it and can be arranged at a different location to the maternity unit. Please do contact them on [*telephone number*] if you wish. There is also a local support group of families who meet regularly to offer each other support. They can be reached on [*details*].

I include with this letter a list of national support groups some parents have found helpful.

Once again, the offer to meet with me in person or someone else in our team, remains open so please do get in touch if you change your mind.

Yours sincerely,

[Signed by Consultant]