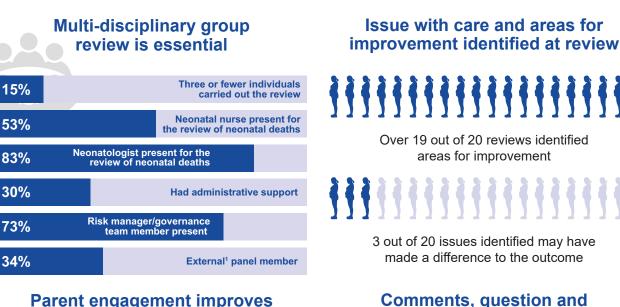
Learning from Standardised Reviews When Babies Die – 2021 Annual Report

Key Messages – September 2022

Since the launch of the national Perinatal Mortality Tool (PMRT) in early 2018 over 18,000 reviews have been started. This fourth annual report presents the findings for reviews completed from March 2021 to February 2022 coinciding with the second year of the SARS-CoV-2 global pandemic. Here are the key messages from the 4,199 reviews completed during this period.



Parent engagement improves the quality of reviews

95%	Parents told about the review
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27%	No concerns or questions about care raised
30%	Communication was poor
42%	Concerns/questions about management plans
25%	Concerns/questions about technical aspects of care e.g. scans

Action plans need to be strong² Weak 60% Intermediate 21%

- 1. A relevant professional external to the trust/health board to provide a 'fresh eyes' independent perspective of care.
- Strong actions are system changes which remove the reliance on individuals to choose the correct action. They use standardised and permanent physical or digital designs to eliminate human error and are sometimes referred to as 'forcing actions'.

Should more things have been done? We have only praise and thanks for the care received. The doctor discussed comfort care before my baby was born. He was very cold and matter of fact and showed no compassion. Was it anything that I did?

concerns raised by parents

Did I have the right number of antenatal appointments – many were only on the phone? The consultant on the baby unit spoke to me like 'rubbish'. I don't think they cared. I attended hospital several times with reduced movements and reduced growth, why was this not looked at more?

Examples of the strength² of actions planned

Weak ff Individual debrief and staff education. Present case at perinatal mortality and morbidity meeting. 5

A reminder for individual action without any controls

Intermediate

ff SGA and Grow guidelines to be amalgamated to make the process clearer for serial scans. **55**

A new system in place but still requires individuals to act without any controls Strong

Incubators were reviewed and a different type of incubator was needed to admit extreme preterm babies; commissioned and operational.

A system level design to eliminate human error

