

Consultative Council on Obstetric
and Paediatric Mortality and Morbidity

Court ref: COR 2007 004502

31 July, 2013

The Coroners Registrar
Coroners Court of Victoria
Level 11, 222 Exhibition Street
Melbourne
Victoria 3000



Dear Briley Miller,

Re: Coroner's recommendations following the investigation into the death of Tyler Reading-Adams

Two Recommendations were directed to the Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM).

Recommendation Two: COPMM of its own initiative, arrange for the three Level 6 Maternity Services in Victoria at the Royal Women's Hospital, Mercy Hospital for Women and Monash Medical Centre, commence use of their current reporting procedures to include information about the status of the umbilical cord including whether it is round the neck and/or has a true knot and to clarify any other abnormalities.

Recommendation Five: CCOPMM and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists publish the statistical information that becomes available from the Victorian Perinatal Data Collection as a way of encouraging obstetricians and midwives to consider how they can minimise the risks associated with true knots, cords around the neck and other umbilical cord complications in otherwise uncomplicated births.

I consider that response to Recommendation Five comes from the data that will be collected from implementing Recommendation Two and that consequently the response to both these recommendations falls under Category 1 B v.

Currently the three level Six Maternity Services routinely collect information on the status of the umbilical cord at the time of birth, however there is no agreed definition on what constitutes and differentiates a cord that is around the neck "loosely" and "tightly". Further one Service does not currently distinguish between "cord entanglement" and a "true knot".

A meeting has been held between the three Directors of Obstetrics at the level 6 Services and it was resolved to develop a consensus definition of "cord tightly around the neck" and to standardise the current data fields pertaining to "cord complications".

It is anticipated that this will take approximately 6 months because of the requirement for the IT Data Base Service Providers to make the necessary adjustments and for the education of the midwives who will complete the data entries.

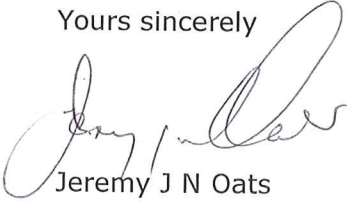
It will then require a minimum of 12 months for the collection and analysis of the data to determine the frequency of the umbilical cord complications and potential confounding variables. Depending on this frequency, it may require further case collection to determine if the associations are of both statistical and more importantly clinical significance.

Consultative Council on Obstetric and Paediatric Mortality and Morbidity

Once this data has been analysed then it should be possible to prepare a report as requested under Recommendation Five. Depending on the findings from the study, if they have significant implications for maternity practice, then these would be circulated through the appropriate channels that would include the RANZCOG.

For further information please contact me on 9096 2731.

Yours sincerely



Jeremy J N Oats
Chair
CCOPMM