Coroner Caitlin English
Coroners Court of Victoria
cpuresponses@coronerscourt.vic.gov.au

28 November 2019

Dear Coroner English,



The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Excellence in Women's Health

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Re: Investigation into the death of Lucia Grace Sefton (Bowlen)
Court ref: 2015 003928

Thank you for contacting the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) inviting the Women's Health Committee to comment on the proposed recommendation following the investigation into the death of Baby Lucia Grace Sefton (Bowlen).

On 21 September 2018, the College provided a response to the Coroner's proposed recommendations regarding guidance and training surrounding the disimpaction of the fetal head at caesarean section. The College acknowledges the following recommendation has resulted from its feedback.

 Pursuant to section 72(2) of the Coroners Act 2008, I make the following recommendation to Safer Care Victoria and The Royal Australian and New Zealand College of Obstetricians and Gynaecologists:

That Safer Care Victoria supports The Royal Australian and New Zealand College of Obstetricians and Gynaecologists to ensure that ongoing Practical Obstetric Multi-Professional Training provided to core multi-professional hospital teams includes techniques to be adopted for the safe delivery of the baby where the head is deeply impacted in the pelvis.

Unfortunately, the Coroner's recommendation is unable to be implemented.

As noted in the review of RANZCOG's response by Dr Simon, the Coroner's Recommendation 3 and 4 are beyond our scope. It is within the remit of RANZCOG and Safer Care Victoria to make recommendations that ongoing Practical Obstetric MultiProfessional Training is provided to core multiprofessional hospital teams. However, as these programs are Train the Trainer (T3) and designed to teach the process for delivering PROMPT workshops at their facility, individual hospitals

can choose to include simulated training for *any* obstetric emergency they identify as relevant to their service. This may or may not include disimpaction of the fetal head at caesarean section and may not include theatre teams in maternity scenario-based training. The College will communicate to the PROMPT Maternity Foundation in the United Kingdom and to PROMPT facilitators that a greater emphasis on this scenario can be incorporated into PROMPT training, however the College is unable to mandate a specific scenario be implemented by hospitals.

I wish to thank you for the opportunity to provide feedback on these proposed recommendation. Please do not hesitate to contact Ms Jacqueline Maloney, Senior Women's Health Co-ordinator / Guideline Developer, at jmaloney@ranzcog.edu.au or phone (03) 94172913 should you have any queries or concerns.

Yours sincerely,

Prof Yee Leung

Chair, Women's Health Committee

Royal Australian and New Zealand College of Obstetricians and Gynaecologists