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A neonatal death with two crucial issues: the identity of the child and re-consideration of the circumstances related to death

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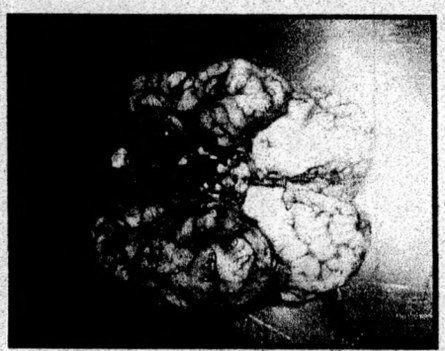
Introduction

Every neonatal death causes much distress to parents making the ward-staff vulnerable to accusations of medical mismanagement. JMO was confronted with two main issues: the possibility of malicious exchange of the baby and whether the life would have been saved with early intervention.

Case history

A 19 year old primi with a 36+2 week POA was admitted with dribbling on the same day. Managed conservatively for three days but on the third day she developed a mild fever and a lower abdominal pain and went into spontaneous labour to deliver a severely asphyxiated baby girl of 2.5 kg who died 7 hrs 30 mts after delivery. The parents were preoccupied with the gender of their unborn child preparing blue clothing anticipating a baby boy. The labour-room staff has clad the child with pink clothing for genuine reasons creating a grave suspicion in the bereaved mother of malicious exchange of her healthy boy for a sick girl. The medico-legal investigation concluded the cause of death as birth asphyxia (peripartum hypoxia) with intra-cerebral haemorrhages in a marginally premature neonate.



Fig, 1. Subarachnoid haemorrhage

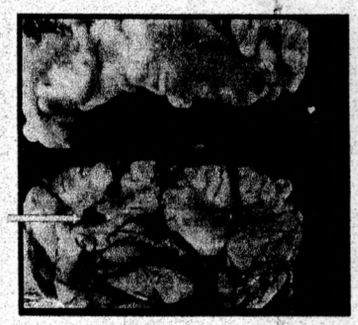
References:

1. http://www.birthinjuryguide.org/birth-injury/causes/perinatal-neonatal-asphyxia/
2. http://ukhealthcare.uky.edu/health-and-wellness/publications/fact-sheets/mother-baby/Cesarean-section-and-preterm-birth-fact-sheet/
3. http://patient.info/doctor/caesarean-section

Discussion

What happened at the labour room was that the staff had clad the baby girl with the left pink clothes at the labour room as parents had brought blue clothes. It is much conventional to clad with a pink suite for a baby girl and the staff of the labour room had thought that it would be much nicer. With the effective communication and with the returning of their blue clothes the suspicion was cleared.

Related to the cause of death, birth asphyxia has numerous causes most of which cannot be established at a routine autopsy[1]. Whether there was an element of chorio-amnionitis is a clinical decision beyond the purview of JMO. The prematurity, oligohydramnios and fever started on the third day with abdominal pain were the three pathological findings that were elicited by the time of the delivery. Anyhow there must be reason/s for severe birth asphyxia and for the intracerebral haemorrhage. The prematurity could have been blamed for the intracerebral haemorrhage as it is scientifically proven fact. As JMO's it is beyond our expertise to accuse somebody, but it is worthwhile to analyze this type of incidents in order to understand the ordinary course of the possible outcomes in a given situation. Anyhow, it is not



the practice in our country, though in other countries birth asphyxia is one of the most contested causes in cases of compensation[2].

Fig. 2.Intraventricular haemorhage

Conclusion

Serious consideration should be given to the fact whether the outcome could have been better if the baby had been delivered early through Caesarian section in the context of marginal prematurity, teenage pregnancy and possibility of uterine infection[3]. Further this case is an example to highlight the fact that the parents are tend to suspect the ward staff of possible exchanging of babies and as such ultra-care is mandatory while working in a baby unit.