Inquiries into perinatal and early childhood deaths in a health care district

Sir,

Professor Brimblecombe and colleagues describe a method of monitoring peri- and post perinatal deaths. 1 The reader might gain the impression that this is a new aspect of research. Many areas have monitored post perinatal deaths and confidential enquiries were recommended as early as 1970. Confidential enquiries into post perinatal deaths have been carried out in Sheffield since 1973, and in 1979 became part of routine health services. 2, 3 The importance of the Exeter study lies in combining peri- and post perinatal deaths. We found that 13 of a total of 101 post perinatal deaths were the result of 'perinatal causes', and this proportion seems to be increasing. Brimblecombe dealt with only 62 deaths: larger health districts with over 100 deaths annually have more problems. When we attempted to extend into the perinatal period we found that the necessary staff were not available. Brimblecombe is aware of the financial problems and has made this the subject of recommendations elsewhere. Could he expand on this?

In our enquiries an evening home visit is now always made by a doctor rather than a nurse, but our greatest advance has been to hold the case conference on non-hospital deaths in the family doctor's surgery, and we strongly recommend this. Surgery based conferences are usually attended by at most six people with direct involvement and produce information that would not be presented at hospital conferences. Hospital doctors also gain understanding of community problems.

Regarding audit: confidential information should result in improvements in services. We find that the best method is to hold regular meetings with senior medical and nursing administrators to discuss the results of all case conferences. Changes in services are initiated and confidentiality is maintained without a public report. 4 We believe that it is only through confidential enquiries that understanding of at least some cot deaths will be attained.

References


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Professor Brimblecombe comments:

I am sorry if any reader gained the impression from our paper that I regarded confidential inquiries into perinatal and early childhood deaths as a new subject for research. There are so many well known published reports on this topic that I had not thought it necessary to append a full