

Deep Dive into Hypoxic Ischemic Encephalopathy

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Objective

Analyse HIE cases (2022–mid-2024) to identify antenatal and intrapartum factors and assess compliance with guidelines.

Design

- Type: Retrospective audit
- Population: Neonates ≥36 weeks’ gestation diagnosed with HIE
- Data Source: Trust’s IT systems
- Stakeholders: Senior fellow and safety midwives
- Analysis: Trends across 2022–mid-2024

Parameters Assessed

- Antenatal risk identification
- Intrapartum care and interventions
- Logistic delays
- Documentation quality

Rationale

HIE incidence is 1.0–3.5 per 1000 live births in the UK. Many causes are modifiable.

Methodology

- Review of HIE cases from Trust systems
- Data collected and analysed via Excel
- Shared findings within department

Key Findings

- 21 cases reviewed; 2024 highest
- All patients from ethnic minorities
- Delays in patient transfer
- Improved CTG classification
- Issues with documentation

Recommendations

1. Continue CTG training
2. Adhere to monitoring guidelines
3. Perform initial/hourly risk assessments
4. Prompt recognition of labour signs
5. Consistent use of interpreting services
6. Ensure accurate documentation
7. Follow placental histology protocols

Conclusion

Implementing key recommendations is essential to reduce HIE incidence. Re-audit planned to monitor improvements.

