

Inquest into the death of Mia Davies

On 15 April 2010, Mia Davies, a newborn infant, died of peripartum hypoxia, as a result of being deprived of oxygen at some point during her mother's labour.

Coroner John Lock delivered his findings of inquest on 28 September 2012.

The Queensland Government responds to recommendations directed to government agencies at inquests by informing the community if a recommendation will be implemented or the reason why a recommendation is not supported.

Further information relating the implementation of recommendations can be obtained from the responsible agency named in the response.

Recommendation 1

The [Royal Brisbane and Women's] Hospital considers the suggestions made at the mortality and morbidity meeting in order to ensure as many of the suggestions for improvement can be implemented.

Response and action: the recommendation is implemented.

Responsible agency: Queensland Health.

The Minister for Health and Minister for Ambulance Services responded:

The Royal Brisbane and Women's Hospital implemented the coroner's recommendations by considering the ten suggestions made at the mortality and morbidity meeting and implemented eight. The RBWH advises the implementation status of the two remaining recommendations is as follows:

- Two additional obstetric staff specialists were recruited in April 2015. Further recruitment is underway with a view to recruit another obstetric staff specialist by July 2015. These appointments, in conjunction with, the realignment of rosters will enable increased senior medical cover for the unit during after-hours periods.
- Metro North Hospital and Health Service is working through the options to deliver electronically stored Cardiotocograph (CTG) across all maternity units.