MS LUCY LETBY (continued)
Examination-in-chief by MR MYERS (continued)

MR MYERS: Ms Letby, we're going to go to count 1 on the indictment, which is the case of [Baby A]. What I'll do, as we go through these counts on the indictment, is just to remind us all, for your benefit and for the benefit of the ladies and gentlemen on the jury, briefly of the details relating to the birth of the baby we're looking at and then, either at the outset or when we come to it at an appropriate place, we'll look at any relevant nursing notes, particularly the ones that are written by you. All right? That's how we'll deal with it. We'll be assisted with that. There will be an amount of moving between the documents, ladies and gentlemen, like the interviews and the charts, so if you can keep an eye on where your files are and we will take our time to make sure we've got the right material, and you too, Ms Letby.
[Baby A]. I'm going to ask if we can put up tile 1, please. Thank you, Mr Murphy. If we go inside that, please.
We can see the name [redacted], referred to on the indictment as [Baby A], mother [Mother of Babies A & B]. [Baby A] was born on 7 June 2015. We see elsewhere in fact, but we see that's at 20.31, so just after 8.30 in the evening, on 7 June at 31 weeks and 2 days. He was the second of the twins, twin 1 was his sister, [Baby B], and we can see here his weight is 1,660 grams. So born by caesarean.
Could we go to tile 3, please. We'll go into that. This sets out those details. Can we go behind that, please? Scroll down if you would, please, Mr Murphy. [Baby A] was born with antiphospholipid syndrome. There's the maternal history of high blood pressure and a previous stroke, so medication for that.
The event that we're looking at in count 1 is on the evening of 8 June and we will come to the details shortly. But just to remind us, 8 June. And at 20.05, there was a 10% dextrose infusion that began with [Baby A] via the long line. At 20.26, he collapsed and sadly died at 20.58 that evening.
We'll just look at the notes that deal with that and then we'll move to the questions, Ms Letby. But this is to assist you and everybody. The first note I'm going to go to, with your assistance, Mr Murphy, is the note by Melanie Taylor at tile 224. Could we go into that, please? Can we enlarge the text section on the right-hand side? If you could enlarge first of all the entry on the centre of the right-hand side. Thank you. I'm going to pick this up from the entry at 19.05, so this is before the shift when you came on, Ms Letby. 8 June, 19.05, by Melanie Taylor. It says:
"UVC in wrong position. Reinserted SHO MacCarrick. Again in wrong position. Cannula tissued. Doctors busy on ward 30. Aware no fluids running for a couple of hours. Long line inserted by Registrar Harkness. Awaiting X-ray. Remains settled on N CPAP. Enteral

feeds of donor EBM started at 1ml two-hourly."
That's the note at 19.05. I'm going to go next to the note at 21.28 that follows that and goes over the page. At 21.28, which is after the event, Nurse Taylor put this in:
"Observations stable. Pink, well perfused. UVC still in situ but in wrong position. To be used if no other access available."
Then over the page, if we read on, please:
"Long line inserted by registrar Dr Harkness. Secured, X-rayed. 10% dextrose run through and connected to long line. 10% dextrose run as per Dr Harkness until line confirmed. Care handed over to Lucy Letby at 20.00. Before leaving, apnoea/heart rate dropped. Cardiac compressions and resus commenced. See documentation by Lucy Letby and medical notes."
So we'll turn to that and then we will ask you some questions, Ms Letby. Could we go to tile 228, please, Mr Murphy? These are your notes, Ms Letby, in effect following on.
So we go into that and it starts at the bottom right:
"Written in retrospect."
This a note at 07.56, I should say, on 9 June, so the following morning:
"Care taken over at 20.00. Emergency equipment checked. Fluids calculated. [Baby A] nursed on CPAP." - Details there. If we go over the page, though, please:
"Observations: stable at 20.05. 10% glucose commenced via long line with Staff Nurse Taylor as agreed by Reg Harkness who was present. UVC remained in situ from day shift. Instructed line not to be used by reg. [Baby A] noted to be jittery. Was due to have blood gas and blood sugar taken. At 20.20 [Baby A]'s hands and feet noted to be white, centrally pale and poor perfusion. [Baby A] became apnoeic, Registrar Harkness in the nursery and assistance called for. 10% glucose infusion disconnected immediately. [Baby A] making nil respiratory effort. Neopuffed with Guedel airway. Shortly after no heart rate detected and full resuscitation commenced as per medical notes. UVC used to administer drugs. Parents and maternal grandmother present. Dr Jayaram in attendance throughout. [Baby A] passed away at 20.58 and was given to parents to cuddle."
I'm going to stop at that point, Ms Letby.
If we need any more detail it's there. That's just to assist us with what we're dealing with with count 1, so I'm going to ask to take that down from the screen for the time being, Mr Murphy. Thank you.
I want to pause before we turn to the events that night and just remind ourselves, just to get some context, we're looking at the middle of 2015, June 2015. Do you recall where you were living round about this time, Ms Letby?
A. I moved around that time.

Q. I wonder if you could put up, to remind us, exhibit J355, please, Mr Murphy. We saw this when we last looked at your evidence. We know the events with [Baby A] are the 8th into 9 June:
"1 June, Ash House."
So what do we know happened on 1 June?
A. That's where I moved to.

Q. Right. Hen party in York on 5 June?
A. Yes.

Q. Had you settled back into Ash House by the time we're dealing with the events with [Baby A]?
A. No. I was still in the process of moving and unpacking.

Q. Right. Do you recall whether you'd been expecting to come in on that evening shift of 8 June?
A. No, I was -- I received a text message from Yvonne Griffiths, the deputy manager, asking me to work that morning.

Q. Could we have a look, please, at tile 69, Mr Murphy. We're going to look at a series of messages starting at tile 69. This is from Yvonne Griffiths to you, 8 June, 9.21 in the morning. So a little under 12 hours before the event we're looking at:
"Morning, Lucy, hope you had a lovely weekend. Just wondering if you can split your nights this week and work tonight and tomorrow and come off Thursday and Friday."
If we go to the following tile, tile 70, you reply at 9.22:
"Yes, that's fine. Is it busy?"
So would you have known you were due to be called in to assist before these messages?
A. No.

Q. You've asked if it's busy. Can we go to tile 71, response by Yvonne Griffiths:
"Oh thank you, Lucy. We have three on CPAP, singleton Sat and twins last night, all 30-weekers, so just wanted six staff on, thanks."
Tile 72, please. You now to Jennifer Jones-Key:
"Sorry I was in bed. Hope you slept. I'm working tonight and tomorrow now as busy."
Just pausing there, was it unusual to get requests to come in like this over this period?
A. No, it happened frequently.

Q. Were you often requested to do that?
A. Yes.

Q. And did you assist?
A. As much as I was able to, yes.

Q. Why were you ready to do that?
A. I was very flexible. As I say, I lived locally, I had no commitments outside of work, so I was very happy to

help when I could and adapt my shifts as needed.

Q. You went in for the evening shift; is that right?
A. Yes.

Q. And we can see, and let's remind ourselves, the layout for that. That's on tiles 161 and 162. So can we go to 161, please.
Monday, 8 June at 19.30. Could you just help us, when it's the evening shift, do you regard it as the 19.30 shift or a 20.00 shift? What time do you regard it as starting?
A. 19.30.

Q. 19.30?
A. Yes.

Q. I'm not going to read out everything that we can see there but we can see who you're on with. If we go to tile 162 to see who is designated with which baby. You were the designated nurse for [Baby A], weren't you?
A. Yes.

Q. At this stage of the sequence of events, we don't have the nurseries marked on. That came with the diagrams later, but we know [Baby A] and [Baby B] were both in nursery 1; is that right?
A. That's right.

Q. You remember that, do you?
A. Yes.

Q. When did you first learn that you'd be caring for [Baby A]?
A. When I arrived on unit that evening and was told at handover that's who I would be allocated to.

Q. And do you recall what time you would have got to the unit?
A. I would have been ready to start my shift at 19.30.

Q. Do you remember what followed? We've got the notes but do you have any recollection independent of the notes of what followed?
A. Yes, I do, yes.

Q. We'll go back over things in the detail we need to but could you start by telling us what happened? You get there that evening for the shift to start. We know that Mel Taylor had been looking after [Baby A].
A. That's right.

Q. Can you describe events from the time that you get on to the unit?
A. So I received the group handover that we get at the start of a shift and I knew that I'd been allocated to look after [Baby A] in nursery 1. I went straight into nursery 1 to get handover then from Melanie Taylor. At

that point there was a lot of activity going on in the nursery.

Q. Pause there for a moment.
A. Yes.

Q. You find out then that you're looking after [Baby A]: is that right?
A. That's right.

Q. You go into the nursery. Do you recall who was in the nursery or do you not?
A. Yes, so Melanie Taylor was in the nursery and Dr Harkness was in there doing a procedure.

Q. When you refer to there being activity in there, is that what you mean or is there something else that sticks in your mind?
A. So I remember there was just a lot going on in the nursery, the lights were up full, I think Dr Harkness was doing a line procedure at the time, and I remember Melanie Taylor was preparing fluids for [Baby A].

Q. All right. You went into nursery 17
A. Yes.

Q. What happened once you went into nursery 17
A. I went into nursery 1 and Melanie Taylor was there, preparing fluids for [Baby A], and she explained that [Baby A] had been without fluids for a few hours because he'd needed a line inserting, and as a priority we got straight on with connecting those fluids to [Baby A].

Q. Right. You say [Baby A] -- she explained he'd been without fluids for some hours?
A. She did, yes.

Q. Could we look at tile 35, which is the intensive care chart for this period for [Baby A]. If we go behind that. And if we just start with this, actually, we can see this is for 8 June, Ms Letby, for [Baby A], it says [Baby A]. We're familiar with the charts now so I'm going to ask if we could scroll down. We can see up to 16.00, there are entries, and then at 16.00 that day for [Baby A] it says "cannula tissued".
A. Yes.

Q. And apart from an entry for NGT, at 18.00, which is some expressed breast milk via the NGT, what does that tell us, the fact after 16.00 the various readings have stopped?
A. So after that point at 16.00 his peripheral line has tissued which means he can no longer receive IV fluids. So at that point, from 16.00 onwards, or between 16.00 and 20.00, he didn't have any fluids running.

Q. That's what was explained to you?
A. Yes.

Q. That had been stopped?
A. Yes.

Q. There's something else I would like to ask you about. It is on tile 145. There's reference to a line that had been positioned. It's at tile 145, please. It's in Dr Harkness' clinical notes. As a general rule I'm not going to be taking you through clinical notes, but where there's something in them I would like you to assist us with I will. If we scroll to the bottom of that page we can see something in Dr Harkness' notes that said "X-ray review". It's a sticker, it says the time of the X-ray. For the date it's got 8 June 15, 19.09. And there's a description of what's there, but under "Comments" it says:
"Long line at right subclavian/SVC (which is superior vena cava]. To be pulled back."
Can you see that?
A. Yes.

Q. That's what it was saying at 19.09. Were you aware that there was a repositioning of the long line that was due to take place? Had that been explained to you?
A. I was told at that time that the line was suitable for use.

Q. You were told it was suitable for use?
A. Yes.

Q. And who told you that?
A. Melanie Taylor and Dr Harkness.

Q. Right. Is that the line that the 10% glucose went down?
A. Yes.

Q. We can take that down, please, Mr Murphy. Thank you. Can you explain then what happens next? You say that Melanie Taylor had been getting ready.
A. Yes, when I entered the nursery Melanie Taylor was dressed sterilely, which is what we need to do to prepare fluids. She had the IV fluid trolley out and had the fluids and had gloves and apron on and was starting to run through some fluids into the line. And when I arrived in the nursery, we decided a this that would be our priority, we would both check the fluids, get those running on [Baby A] and then have a formal handover.

Q. So we know you get on to the unit round about, not precisely, 7.30.
A. Yes.

Q. If it's possible, how far into getting on to the unit would this conversation and these arrangements start with [Baby A]?
A. First we would have had collective handover at the nurses' station before that, so that would have taken

20 minutes or so, maybe, even more.

Q. Then you go to the nursery?
A. That's right.

Q. And then when you're in the nursery, that's where you begin to make arrangements with Melanie Taylor?
A. Yes.

Q. Right. Can you tell us who was going to do what with regard to running fluids through the line?
A. So when you're running fluids through a long line one member of staff has to be sterile and that person was Melanie Taylor.
& What does that mean when you say sterile? What have they done or how are they that means they are the sterile nurse?
A. So that nurse is wearing gloves and an apron. They have sterilised the whole of the area that we're working with. We have a fluids trolley, they would have sterilised the area. And then any of the fluids that they're touching, the connections that go to it, that is all kept sterile.

Q. We've heard it involves two nurses for this. What's the other nurse doing?
A. So you have to have a role then of a dirty nurse, which is the person who does the things such as connecting it to the pump and doing any of the practical things that that person can't touch because they're sterile.

Q. So who was going to be doing that when it came too [Baby A] and the dextrose?
A. I was the one that was the dirty nurse that would be programming the pump.

Q. Was it a premade bag of dextrose that was used?
A. Yes, it was.

Q. Where would that have come from?
A. So Mel had it out when I arrived, but the bags are kept in nursery 1 in the cupboard.

Q. It was already out when you got there?
A. Yes, it was. It was all on the trolley ready.

Q. So the bag's ready, Melanie Taylor was the sterile nurse, you were going to assist. What happened next?
A. So we went to [Baby A]'s cot side. Mel finished connecting the fluids and drawing them through the line. She then went to [Baby A] to attach the fluids and I turned my attention then to hanging the bag and programming the pump.

Q. Right. So can you give us a little more detail? Who was doing what with which bit of the equipment?
A. At that time Mel is the one who is handling the bag of 10% and the infusion line that runs with that. She was

then the one that would physically go to [Baby A], clean the long line and attach that to the line.

Q. What does that involve, attaching it to the line, just so we can follow? What actually does that mean?
A. You have to access the line, you clean the line with an alcohol wipe to make the area sterile. She would then have needed to flush the line to check that it was patent. And after that then you would connect the fluid line to the end of the long line.

Q. I can imagine there's a line coming down from the bag and the apparatus there.
A. Yes.

Q. When you're talking about connecting it, what is it being connected to so far as [Baby A] is concerned?
A. It'd be connected to the port that's coming out of the long line that's in [Baby A].

Q. So the line that had been positioned by Dr Harkness?
A. Yes.

Q. Do you remember where it was coming out of [Baby A], where the port was?
A. His left arm.

Q. So that's what's being connected?
A. Yes.
2. And who's doing that connecting?
A. Melanie Taylor because she's the one who's sterile.

Q. And then could you repeat, what is it that you were doing whilst she did that?
A. So I was responsible for hanging the 10% bags, that's putting it onto the drip stand next to the cot side, and then programming the pump.

Q. And is that what happened?
A. Yes.

Q. And you mentioned about the line, did you say, being flushed to make sure it's patent?
A. Yes, the usual practice is whenever you are attaching something to any line you would flush the line with sodium chloride first to check that the line is working.

Q. That's usual -- that's standard practice?
A. That's standard practice, really, for anything going through a line, yes.

Q. And did that happen?
A. I can't -- I wasn't watching Mel specifically but that is usual practice, yes.

Q. If we please look at tile 174, which is the IV prescription chart. Help us with the time. Go behind that, please, Mr Murphy.

We can see here:
"8 June, 10% dextrose, 500ml bag."
And it's got a rate there. "Route" -- what does it say under "route"?
A. "Long line."

Q. It's been prescribed by or which registrar?
A. Dr Harkness.

Q. And then it says "given by". Who's the -- is it your signature there?
A. Yes, my signature's on the bottom.

Q. You say Melanie Taylor also gave it?
A. Yes.

Q. So that's the other signature?
A. Yes.

Q. Let me just ask you this because others have been asked it: is there a clear significance to whose name goes where as to above or under when it's a signature?
A. No, not at all, no.

Q. It says "Date and time started". It looks like -- can you tell us what that says?
A. I say that's 20.05.

Q. So five past eight in the evening?
A. Yes.

Q. And is it you that wrote that in or Mel or someone else? Do you know?
A. It would have been myself or Mel. I can't say.

Q. One or other?
A. Yes.

Q. Do you remember who?
A. No.

Q. And what does that tell us?
A. That is the exact time that the fluids began to run through the pump.

Q. All right. Is that what took place?
A. Yes.

Q. So 10% dextrose begins to go down the line?
A. Yes, we would only sign for it once we were happy that the fluid was actually infusing through the line.

Q. All right. So --
A. So at this point it has been connected and the pump is running.

Q. All right. So at that point, if you can remember, just tell us what happens next.

A. As in what did I do next?

Q. Yes, leading up to the time when anything was noticed about [Baby A], can you recall anything that took place between this and what happened round about 20.26?
A. Yes, so once we'd sorted out the fluids I then had a handover from Mel, and then she went to the computer station to start writing her notes and I then started doing my equipment checks.
&. Pausing there, we know there's a handover at the beginning of the shift. When you went to nursery 1, you then assisted Melanie Taylor with [Baby A] and the dextrose; is that right?
A. That was the first thing we did, yes.

Q. The first thing you did. So had you actually had the cot side handover discussion before you did the fluid?
A. No.

Q. Right. So you say that's what you then had after the fluid was running?
A. That's right.

Q. And then Mel went to deal with her own business and you said you were doing some checks?
A. Yes.

Q. What checks would they be?
A. At the start of every shift we do equipment checks, so that's checking all of the equipment around the cot side, so the emergency equipment, the oxygen, the suction points, any equipment that's around the baby, basically, we are checking, and that's the standard thing at the start of every shift.

Q. Do you recall where Dr Harkness was during this?
A. Yes, Dr Harkness was with [Baby B], I believe.

Q. In the same nursery?
A. Yes, the lights were up and he was doing a procedure and I think it was on [Baby B], and Caroline Bennion was there as well.

Q. What was the first indication you had that anything might not have been right?
A. I noticed [Baby A] to be jittery when I was doing my observations.

Q. Let's if we could put up tile 228 again, please. It's the second page of tile 228. If we look across to the left-hand side a couple of lines down. We've got -- it refers to 10% glucose, after a time of 20.05, has been given. It refers to Nurse Taylor and Dr Harkness and that the UVC remained in situ. Then it says this on the fourth line down:
"[Baby A] noted to be jittery. Was due to have blood gas and blood sugar taken."
Why did you make a note -- when you did this

retrospectively, and these notes are written at 7.56 the next morning, why did you make a note, "Noted to be jittery"?
A. Jittery is an abnormal finding. That is not something that we want a baby to be displaying.

Q. What does jittery mean in case anybody can't really follow what that describes?
A. It's like an involuntary jerking movement of the limbs.

Q. Do you recall now, casting your mind back, how pronounced that was or how subtle it was? You describe it to us if you can remember.
A. I remember it was noticeable enough that whilst I was just doing my equipment checks I could see he was visibly jittery.

Q. Tell us what happened next then.
A. So whilst I was carrying out my equipment checks around the bedside, [Baby Aj's monitor sounded and that's when we noted that his colour had changed and he was apnoeic.

Q. Monitor, just help us, what's the purpose of the monitor that sounded?
A. So the babies in nursery 1 are on a Philips monitor, which is full intensive monitoring, at all times and if any values go out of the recommended reference range, then an alarm will sound.

Q. Is that the alarm you heard?
A. Yes.

Q. Do you know what that alarm was indicating?
A. I don't recall what the alarm was indicating at that time, no.

Q. We've got the note here, your note, but, you describe to us, was there anything about [Baby A] that you noticed when you went to him?
A. Yes, the most obvious thing I noticed was that he was -- his hands and feet were white.
&. Can you describe to us what happened when the alarm had gone and you'd noticed this?
A. I went over to [Baby A]. He wasn't breathing, so we began to Neopuff him. Mel Taylor came straight over, as did Dave Harkness, and because his limbs had gone white the first thing we did was disconnect that bag of 108 fluid from the line.

Q. Just pause there, please. When you say "disconnect the bag of 108 fluid", that's the bag going down the long line that had been positioned earlier by Dr Harkness?
A. That's right.

Q. And the first thing that happened was to disconnect that?
A. Yes, so Dr Harkness advised that we were to stop the fluids immediately and (overspeaking) --

Q. That was his advice?
A. It was, yes.
& In the description in, the note you've talked about:
"Hands and feet noted to be white.
And you put:
"Centrally pale and poor perfusion."
So there can be no doubt, what do you mean by "centrally pale and poor perfusion"? How does that look on the baby as a whole?
A. So his limbs were white and centrally he was pale, but not as white as his limbs.

Q. By centrally, just tell us, which part of the body?
A. With centrally I'm talking about the torso and abdomen.

Q. Right. And "poor perfusion" what does that mean?
A. Poor perfusion is a reflection there that obviously he's pale and white is a sign of poor perfusion.

Q. Do you recall how his breathing was at this point?
A. He was apnoeic.

Q. Meaning?
A. So he was not breathing at that point.

Q. Please talk us through what happens after that. You're all there now, you, Dr Harkness and Melanie Taylor.
A. And Caroline Bennion.

Q. Do you remember where she had been beforehand?
A. She was the allocated nurse to [Baby B1, so I believe she was helping Dr Harkness with what was going on at that point.

Q. So where would she have been in fact?
A. In the nursery at [Baby B]'s cot side.

Q. In nursery 17
A. Yes.

Q. Do you recall how long she'd been there for?
A. She was there the whole time because she was receiving handover for [Baby B].

Q. Let's just pause there because so far you have given us the name of Dr Harkness as being present?
A. Yes.

Q. Nurse Taylor?
A. Yes.

Q. Because she'd done the handover to you?
A. And Nurse Taylor was also handing over to Caroline Bennion because she'd had [Baby B] that day as well.

Q. So Caroline Bennion was also in that nursery too?

A. She was, yes.

Q. And had been during handover?
A. Yes.

Q. Describe what happened next then, please.
A. So once I noticed that [Baby A] was apnoeic, I began the usual procedure of starting to Neopuff him.
Dr Harkness, as I say, came straight over. One of us disconnected the fluids, I'm not sure who that was, and after that [Baby A] just continued to deteriorate and we then lost his heart rate --

Q. Right.
A. -- and an emergency crash call was then put out.

Q. And a crash call, again just help us with this, I won't keep going back to these things, but so we're clear what you mean by these things as we go through your evidence, by an emergency crash call what does that actually involve happening?
A. So an emergency crash call is where we -- we call it four 2s, it's the number on the phone, it's 2222, and that goes straight through to the emergency line on the switchboard and that's how we'd then request that we need the neonatal team to attend urgently.

Q. Is it a doctor who then attends?
A. It is, yes. That would go out to the SHO, the registrar and consultant if needed.

Q. Do you recall who did attend?
A. Yes. I remember Dr Jayaram came very quickly.

Q. Were there any other people who came to assist with what was taking place?
A. [Nurse A].

Q. Do you recall when it was that she came?
A. She came very soon after we'd noticed the change in [Baby A].

Q. Do you know where she'd been beforehand?
A. No.
& Do you recall the events of the resuscitation that took place? We can take the tile down, please.
Do you recall the events of the resuscitation that took place clearly?
A. No, not in any great detail, no.
&. Do you recall how you were feeling, if you have any recollection of this, as this resuscitation unfolded?
A. I remember it just being a huge, unexpected shock. We just -- it felt we'd literally just walked through the door of the shift and this was happening.

Q. Do you recall whether [Baby A]'s parents were present at any stage after this had started?
A. Yes, they were called for when [Baby A] deteriorated, yes.

Q. Which nurse assisted the parents with what was happening?
A. I'm not sure specifically.

Q. We know that, sadly, the resuscitation wasn't successful and we know that [Baby A] died shortly before 9 o'clock that evening.
Once [Baby A] had died, whose role was it to assist the parents with whatever followed?
A. It was myself as allocated nurse.

Q. Did you assist them?
A. Yes.

Q. Do you recall what you had to do or what you did?
A. I recall doing hand and footprints for [Baby A] because the parents also wanted them done of [Baby B] as well. Other than that, I can't remember specific details.

Q. In fact, the bereavement checklist, which we looked at on Tuesday, related to [Baby A]. I'm not going to go back to it now, but does that set out the sort of things that you did?
A. Yes.

Q. Was there any other nurse or nurses who helped you as you were dealing with that?
A. Yes. [Nurse A] helped me with the hand and footprints. That's something that needs to be done by two people.

Q. Do you recall whether or not there was a memory box that was put together for [Baby A]'s mum and dad?
A. Yes, there was.

Q. Who did that?
A. Myself -- I started it, yes.

Q. Do you recall whether or not there was a baptism or any religious or spiritual assistance offered to the parent?
A. Yes. When [Baby A] was being resuscitated, a baptism was offered to the family, which they accepted, and both [Baby B] and [Baby A] were baptised together.

Q. Is the offering of a baptism -- at this point was the offering of a baptism or other spiritual rite or religious rite something that was part of the practice when a situation like this emerged?
A. Yes, that's right.

Q. Is there anything that you did so far as the medical equipment was concerned after [Baby A] had died?
A. So after [Baby A] had died, I felt that we should retain the bag of fluids and the line that was running through -- that was running those fluids through.

Q. Which fluids are you referring to when you say "the bag

of fluids"?
A. The bag that Melanie Taylor and I had put up, the bag of 10% dextrose and the infusion line connected to that. So I labelled the bag and the line that was attached to it and then put it into the sluice room.

Q. And why did do you that?
A. At the time it was discussed that there'd been this sort of connection with -- we had connected the fluids and then [Baby A] deteriorated and it was felt at the time that we should be checking everything related to the line and the fluids. So we were keeping the bag to ensure that it could be tested or whatever might be needed to be done with it if needed.

Q. And did you have any involvement with the bag after that?
A. No.

Q. or do you know what happened to it after that?
A. No.

Q. We've seen, after this happened, that at various points you were in contact with your colleagues, talking about what had taken place on the messaging.
A. Yes.
&. Why did you contact people to talk about what had taken place?
A. They were my support system. We were a close team and things like that is something you can only really discuss with somebody who is in the profession.

Q. How did you feel with what had happened with [Baby A]? How did it affect you?
A. Just stunned. It was complete shock for all of us and, yeah, it was just complete -- it felt like we'd walked through the door into this awful situation and that was obviously the first time I'd met [Baby A], the first time I'd met the parents. It was a huge shock.

Q. Just with regard to the messaging, let's have a look at a little of it. I won't keep on going to all of it. Tile 249, please. 248 first, please, Mr Murphy. It's a message from [Nurse A) to you and the following day at 18.38. She said:
"You did amazing. So proud of you."
In fact, just pausing there, the following day were you back on a shift on the following night shift?
A. Yes.

Q. Who were you looking after on that shift; do you recall?
A. No.

Q. But that's the shift when we turn to events with [Baby B], isn't it?
A. It is, yes.

Q. Just to keep track of everything. She said:

"You did amazing, so proud of you."
Then 249, please. Seconds later:
"Hope that doesn't sound patronising. It's genuine.
You did fab."
And kisses. Then, please, 250. Now from you to
[Nurse A) at 18.39:
"I think it's Kate W instead of Caroline. I think
it'd be nice for you to have [Baby B]."
And then 251 is where you actually respond to what
[Nurse A) has said to you:
"No, it's not patronising at all. Appreciate you
saying that and thanks for letting me do it but
supporting me so well."
Was there anything odd in your opinion in exchanging
messages like this?
A. No, this would happen frequently.

Q. When you say frequently, with reference to what?
A. So I would frequently message various staff members
about different babies on the unit or about personal and
social things.

Q. How important was the support that you got from
colleagues when dealing with difficult situations on the
unit?
A. It was hugely -- that was my main source of support,
living alone and with there being no formal process
in the workplace to support anyone, my colleagues were
my main support, yes.

Q. And was it also just them giving support to you or did
you ever give support to people?
A. Both.

Q. In your experience was it unusual for colleagues to be
messaging one another after something had happened that
may carry some impact?
A. No, not at all. I'd say it's something we would all do.
We were all regularly in touch outside of work.

Q. Now, also after the events of that night one of the things
we've seen is there's a Facebook search for [Mother of
Babies A & B], [Baby A]'s mother. I'll give you the
reference for that. Tile 231, please, Mr Murphy.
The following morning, there'd been a Facebook
search for [Mother of Babies A & B). Can you explain to
us why you'd done that search?
A. To walk into the unit that evening and for the first
time to have met those parents, be in that awful
situation, I think it was just curiosity that I wanted
to see the people behind the awful event that had
happened. I think it was just curiosity. They were on
my mind.

Q. We know there are later searches on 10 June in the
evening. They are amongst other searches that are
ongoing, but on 10 June on the evening, you search for
[Mother of Babies A & B) and then on 25 June you search

for her. Again, why would you look for [Mother of Babies A & B] ? I don't ask critically, but if you could just explain to the jury so they can understand it, as much as you can explain why you would look for her.
A. It's a common pattern of behaviour for me. If I think of somebody, I would look them up. [Baby A] and [Baby B] were on my mind quite a bit at that time.

Q. And when you did searches, did you search for people in isolation or would you be performing a number of searches at the same time?
A. No, it would usually be done in quick succession, multiple people over a short period of time.

Q. Are the only people that you looked up parents of babies on this indictment?
A. No.

Q. Was there any kind of debrief held after [Baby A] had died, an official debrief on the unit?
A. There was a debrief, I believe, a few days later.

Q. Right. Do you recall who led that?
A. Dr Jayaram.

Q. Do you recall what the purpose of that debrief was?
A. So it was to just look at the sort of the resus itself and to see if there was anything obvious that we needed to learn from at that point.

Q. The debrief that takes place, is there any kind of discussion amongst staff more informally in terms of support or any type of emotional support for what people have been through?
A. No, it's more clinically based.

Q. Yes. Did it affect you, going through something like this?
A. Yes, it did, yes.

Q. It's being alleged, of course, that you did this. Did you?
A. No.

Q. What's it like to have that allegation made?
A. It's awful. Obviously, that day I wasn't even supposed to be working that night and I just... It's -- yeah, it was just such a shock to walk into that situation.

Q. How lasting is the impact on the people who are involved in a situation like that?
A. You never forget something like that.

Q. I'm going to turn next to the case of [Baby B]. Again, I won't repeat this each time we move between cases, but if I move from one case to the next there's no insensitivity or lack of appreciation of the enormity of what we're dealing with. That goes for you as well,

Ms Letby, does it?
A. Yes.

Q. We have to move from case to case to look at the evidence and, where we can, we'll move from one to the next unless, with his Lordship's leave, there's a reason for a break. But we're a little early for that.

MR JUSTICE GOSS: It's too early, we'll carry on.

MR MYERS: So just pause, keeping in mind the gravity of what we're dealing with, but looking at the evidence of what comes next, which is count 2 on this indictment, ladies and gentlemen, the case of [Baby B], [Baby A]'s sister.
Again, what we'll do is just orientate ourselves to what happened by some of the basic facts. [Baby B] is the twin sister of [Baby A]. The incident relating to [Baby B] happened the following evening. Let's start with tile 1, please, Mr Murphy, which is just the details of [Baby B]'s birth.
Can we go behind that, please. Thank you. Count 2, [Baby B]. Born on 7 June 2015 at 20.30. It says here:
"31 plus 2 weeks, twin 1."
Her weight is not recorded here, but her weight, no dispute, is 1,669 grams. Caesarean, of course, as her brother was.
If we scroll down a little bit, please, to the text giving details of the pregnancy. Again, antiphospholipid syndrome and the reference to warfarin and pregnancy and the medication given there. That's for high blood pressure and a previous stroke.
Can we go next to tile 2, please, which just deals with some events soon after [Baby B] had been born. If we go into that, please. If we scroll down, please, and keep scrolling.
These are some notes by ST1 Thomas. I just want to identify a few matters here and then we'll move forwards. These notes are made at 21.00. They set out the staff present at the delivery and what happened.
And then they have the following:
"Brought to Resuscitaire. Wrapped in plastic bag and hat placed on head. Face stimulated. No response. Blue and floppy. Poor tone. Heart rate approximately 50. Five inflation breaths given. No chest movement noted and no response in heart rate. Airway repositioned."
Does that say "two-man airway"?
A. Yes, so it's two people are needed to manage the airway.

Q. "Two-man airway plus five inflation breaths given. No clear chest movement and heart rate remained below 60 with sats of 40%. Airway repositioned with shoulder roll. Five inflation breaths given and chest movement seen."
Over the page, please, if it continues:
"Some attempts at resps. No change in heart rate,

around 50. IPPV..."
That's independent positive pressure ventilation; is that right?
A. Yes.

Q. "... given for approximately 30 seconds and chest movements good. Oxygen up to 40%. Heart rate less than 60 so CPR commenced between 2 and 3 minutes of age. Neonatal team requested. Neonatal consultant called at 5 minutes. No respiratory effort. First attempt at intubation. Tube appeared to pass cords. Unclear chest movement. No colour change on capnograph. No increase in heart rate."
In fact, after that and further attempts, the intubation became successful and [Baby B] got the breathing support that she needed. But that's just dealing with the process from birth and the early part of [Baby B]'s life.
That all takes place on the evening of 7 June after she'd been born. And before we actually look at the events on the unit that we're looking at in this count, can we just look at the nursing note of [Nurse A], which deals with the event itself so we can keep that in mind when we hear your evidence. That's at tile 218, please. Just to remind us all, we can go into that.
We'll look at the detail in a moment in the note, but just to remind us with the headings. This event, the second charge on the indictment, relates to events on 9/6 going into the early morning of 10/6. And as everyone may recall, there's two matters which come up. One is just before midnight, there was a desaturation and it appeared that [Baby B]'s CPAP prongs had dislodged from her nose. And then round about half past midnight, going into the 10th, there was a sudden desaturation to 50% and skin discolouration was noted. So that's what we're dealing with. We can look at the note now made by [Nurse A].
We're going to look at the note that says 10 June 2015 at 07.28. This is a note by [Nurse A] the following morning:
"Shortly before midnight [Baby B] desaturated to 75%. Found to have pushed CPAP prongs out of nose. Prongs and head repositioned. Took a little while and 02 to recover."
That's oxygen:
"Heart rate remained stable, good respiratory effort throughout. Once settled, CBG taken..."
That's capillary blood gas, isn't it?
A. Yes.

Q. "... which was normal. Dr Lambie on unit and satisfied that [Baby B] was stable."
Can we go to the next entry that follows soon after this one, this entry made at 07.29:
"00.30. Sudden desaturation to 50%. Cyanosed in appearance. Centrally shut down, limp, apnoeic. CMV via Neopuff."

What's CMV mean, can you help with us that?
A. That's continuous mechanical ventilation. It's another phrase of (sic) IPPV that we talked about earlier.

Q. All right:
"CMV via Neopuff commenced and chest movement seen. Colour change rapidly to purple blotchiness with white patches. Started to become bradycardic."
Which is a slowing of the heart rate, is it?
A. Yes.

Q. "Emergency call for doctors put out. Continued with Neopuff via Guedel airway until Dr Lambie arrived. Became bradycardic to 80s. Successfully intubated by Dr Lambie and heart rate improved quickly. 0.9 saline bolus given and colour started to improve almost as quickly as it had deteriorated. Started to breathe for self. Morphine commenced and placed on ventilator."
I'll stop there, but we know after that there's a recovery with [Baby B]. So that's what we're dealing with.
Let's just have a look first then, as a starting point, with the layout, who was on duty on that shift and who was looking after which baby. That's on tiles 145 and 146. Can we go to tile 145, Mr Murphy?
How good is your recollection of the details of this shift?
A. I don't have much recollection.

Q. Or of what happened with [Baby B]?
A. No.

Q. Could we go to tile 146, please, showing the actual layout of the nurseries? Thank you.
We can see in nursery 1 is [Nurse A), designated with [Baby B] and also baby JE. You, Ms Letby, were in nursery 3, designated with EB and HT. We can see who else is on the shift there. That's just to orientate us to this.
But without a display like this, would you have any chance of remembering who was where doing what?
A. No.

Q. Thank you, Mr Murphy, we can take that down, please.
Let's go through events then on that evening. To what extent, as a general rule, do nurses assist one another on a unit looking after the babies?
A. Very much so. A lot of tasks that we do require two people.

Q. And will a nurse -- how do you know if a nurse needs help? I don't mean help because of an emergency, I just mean help with a task like prescriptions or with the line.
A. They would come and ask and ask if anybody was free to assist them at that time.

Q. We've seen that [Nurse A] made reference to the

prongs moving -- dislodging was the way she put it --
and that:
"[Baby B] had desaturated to 75%, found to have pushed
CPAP prongs out of nose."
Can prongs be dislodged by babies' movements?
A. Yes, quite easily. It happens frequently.

Q. Is there anything unusual about that?
A. No.

Q. Do you have any awareness of what went on with [Baby B]
with prongs moving?
A. No, I've no recollection of this event.

Q. What about with what happened at 00.30? Do you recall
any particular involvement with [Baby B] leading up to
that?
A. I recall running a blood gas at some point, I think it
was about quarter past 12.

Q. Let's have a look. Before we get to that, actually,
could we put up, please, tile 2137 Just go into that,
please. Scroll down, please. It's on the second page
that we need to go to. Thanks.
Pausing here, can you see it says, "Day 2, 8/6/15"?
It's the second --
A. Yes.

Q. -- day down. If we look across, I would like you to
assist us with what has happened at this time.
A. On 8 June?
& Yes.
A. Yes, so on 8 June, at 23.00 hours, TPN and lipids have
been started by those two members of staff that have
signed there.

Q. Yes. Did you have any involvement with [Baby B], as far
as you can recall, shortly after midnight on 10 June?
A. Not from memory, no, other than the blood gas.

Q. Can we go then to tile 20, which is the blood gas, and
go behind that.
If we scroll down, you tell us, where is the blood
gas that you're referring to? We'll need to move down
to where we have entries for 10 June.
A. It's there, the first line on the 10th June at 00.16.

Q. 00.16. Is that your signature at the end of that line?
A. It is, yes.

Q. What will you have done for that entry to be there?
What did you do that led to that entry being made?
A. It's likely that I was the person that took the blood
sample to the blood gas machine on the unit and analysed
the sample and brought the printout back and filled in
this chart.

Q. Would [Baby B] have been on her own when you took the

blood gas sample away to have it analysed?
A. No, no.

Q. Do you have any idea who would have been with her?
A. I think it was [Nurse A].

Q. You hadn't been working in nursery 1 that evening, had you, you were in a different nursery?
A. That's right.
& Do you have any idea how [Nurse A) came to ask you for assistance with blood gas?
A. No. It's usual practice that it would take two people, so she may have just asked if I was free at that moment.

Q. Right. Apart from that, do you have any independent recollection of being involved with [Baby B] in any way before her deterioration at about 00.30?
A. No.
&. You were, as it happens, questioned in your interview about morphine that was given to [Baby B]. I just want to deal with that. We will be going to the interviews from time to time, ladies and gentlemen, so let's start as we mean to go on. If you track down interview bundle 1, I'll show you the reference.
Do you have a copy of the interview bundles there, Ms Letby?
A. Yes.

Q. If we go behind the [redacted] divider. Where the initials for the baby are, that's also interview 1 always, and then we've got 2 and 3. So it's [redacted], interview 1. If we go forwards to page 12, please. We'll look at this questioning and look at the details for what happened with the morphine.
We'll be going back to this bundle, ladies and gentlemen, during today and this part of the evidence, so keep an eye on it, it'll make it easier to look up the references.
I just want to read a section.
Can you see there's some blue text, Ms Letby?
A. Yes.

Q. You were being asked questions about contact that you had had with [Baby B] and the police are looking at the question of what happened and what could have been involved with the collapse that she had. You're shown tile 241, which we'll look at in a moment -- or rather asked about the entry on that document. You said:
"Answer: Okay, that's a morphine bolus that would seem -- I have given that to [Baby B].
"Question: Physically what do you do?
"Answer: You attach the morphine syringe to [Baby B] and give the volume. It says IV. I'm not sure which type of access [Baby B] had, whether it's peripheral, cannula, a long line or a UVC.
"Question: So that's a physical pressing of a syringe into the baby via something?
"Answer: Yes.

"Question: But you can't be sure what that was,
what the apparatus was?
"Answer: I'm not sure which line it was delivered
through, no.
"Question: Okay. So that and that -- so that will
be physical contact?
"Answer: Yes to attach to the line, yes."
And that's right, isn't it, using morphine like that
would be physical contact with the baby in that way?
A. Yes, it would, yes.

Q. But I'd just like to be clear about the time this
actually happened, the morphine. Could we put up
tile 241, Mr Murphy, which is the document we're
referring to?
If we have a look at that. This is the morphine
that's given. Looking at the entry, what's set out
there, who is involved in the giving of this morphine to
[Baby B]?
A. It's myself and Mary Griffith.

Q. Yes. Now of course, the officer was asking about
contact in the context of establishing anything that
could have been done to cause [Baby B] to deteriorate.
A. Yes.

Q. But so we can be clear, what time was it that the
morphine was given?
A. So this is at 01.10, and this is as a result of her
being intubated.

Q. Right. So this is something that happens actually
40 minutes after the collapse, isn't it?
A. That's right.

Q. Because of the collapse?
A. It is, yes.

Q. So whatever you're being asked about physical collapse,
that's not before the collapse at all, is it?
A. No.

MR MYERS: My Lord, can I continue with this, if Ms Letby is
able to continue, and perhaps we can conclude --

MR JUSTICE GOSS: Certainly, you just choose the moment.

MR MYERS: Are you all right just to conclude with this?
A. Yes.

Q. Do you recall events leading up to [Baby B]'s
deterioration at 00.307
A. Not with any clarity, no.

Q. What's the first -- we can take that down, by the way,
Mr Murphy. Thank you.
What's the first thing you remember about what
happened with [Baby B] that night, apart from possibly

the blood gas?
A. I know that there was a deterioration at some point fairly soon after this.

Q. Right. What do you remember that you saw or took part in? Could you just help us with what your memory stretches to? Because we don't have the notes from you, the notes are from [Nurse A].
A. Yes.

Q. Tell us what you recall.
A. From memory, [Nurse A) and I were both in nursery 1 and at some point we became aware that [Baby B] had deteriorated and her colour had changed.

Q. Right.
A. I think [Nurse A] alerted me to that.

Q. Do you recall how [Baby B] was? When you say her colour had changed, could you describe that?
A. She'd become quite mottled and dark.

Q. All over her body or in particular parts of her body?
A. All over, from memory.

Q. Can you describe that colour again?
A. It was a dark mottling colour.

Q. A dark mottling colour?
A. Yes.

Q. You saw that?
A. Yes.

Q. Had you seen anything like that colouring before?
A. What do you mean?

Q. Had you seen that type of colouring on any baby before this point?
A. Yes, it was like general mottling that we do see on babies.

Q. Right. Was it unusual or was it not unusual in your opinion?
A. It was not unusual, but obviously we were concerned for [Baby B] because of [Baby A]'s decline the night before.

Q. You described -- [Baby A], you say, was "centrally pale with poor perfusion".
A. Yes.

Q. So did it look the same as [Baby Aj's or different from [Baby A] 's?
A. No, so [Baby A] was pale, he was white. [Baby B] had more colour. It was a purple mottling colour.

Q. All right. Do you recall who was with you when you saw that?

A. [Nurse A].

Q. Were you joined by anybody else, Ms Letby?
A. Dr Lambie.

Q. Is that Rachel Lambie?
A. Yes.

Q. Was there any action that you took once this deterioration had been identified?
A. Yes, so at that point I was asked to go round to get the unit camera to take a picture of the colour change in [Baby B].

Q. The unit has a camera, does it?
A. It does have a camera, yes.

Q. So if anybody sees anything they regard as significant, are they able to access that camera?
A. Yes.

Q. Where's it kept?
A. It's kept in the manager's office at the back of the unit.

Q. So you fetched the camera?
A. Yes.

Q. And what happened after you'd got the camera?
A. So on my return [Baby B] had stabilised and her colouring had returned to normal. So there wasn't anything to photograph.

Q. Did you have the camera with you?
A. Yes.

Q. And you brought it back?
A. Yes, and I got it very quickly.

Q. And can anybody use that camera?
A. Yes.
& So could someone have taken it off you if they wanted and taken a photograph?
A. Yes.
a
Did anybody?
A. No.

Q. Again, could you explain to us why was no photograph taken even though you got the camera?
A. When I returned her colouring was normal, there was no abnormal change then.

Q. Pausing for a minute, and I am sorry if you did say this, but I just want to be clear, what was the first -- just going back a short period, what was the first that you knew or the first indication there was a problem with [Baby B]? If you can remember, what brought that to

your attention?
A. From my memory it was [Nurse A) alerted me.

Q. By doing what?
A. I think she called me over --

Q. Right.
A. -- to [Baby B].

Q. Do you recall whether you had any part to play in the resuscitation or the stabilisation of [Baby B]?
A. Not from memory, no.

Q. Did you have any involvement with her soon after the collapse apart from collecting the camera?
A. So I believe I administered some of the drugs that she needed after intubation.

Q. If we just go back, please, to tile 20, which is the blood gas tile. Could we go there, Mr Murphy? Can we go into that, please? We'll scroll down.
Can you see 00.517
A. Yes.

Q. There's a capillary sample taken. Who's taken that sample?
A. I can't say who's taken the sample but that is my writing that's documented that they've analysed it.

Q. Again, why can you not say who's taken the sample from this?
A. Because we can never definitively say who has taken a sample. That is not documented. But the likelihood is the person who's documented is not the person who's physically taken the blood sample.

Q. As you've explained, the nurse treating might do that and hand the ticket to another nurse to get the analysis performed on the machine?
A. Yes, and then they would remain with the baby.

Q. And the other nurse comes back and writes the details up if that's --
A. That's right.

Q. -- being done that way? All right.

MR JUSTICE GOSS: Sorry, hand the what to the other nurse?

MR MYERS: Hand the sample.

MR JUSTICE GOSS: You said ticket. That's why I'm querying it.

MR MYERS: Sorry, it's coming back with the ticket. It's the sample that's handed and then the ticket comes back; is that right?
A. The sample would be handed to the person who then goes

to the gas machine and obtains the printout that we've seen, which is then written on to the chart.

Q. That's why the nurse writing it down, you say, may not be the nurse who's actually taken the sample?
A. That's right.

Q. That was at just before -- just after 00.50, so about 20 minutes after the deterioration; is that right?
A. Yes.

Q. And we've seen also that you assisted in giving morphine a little while after this --
A. Yes.

Q. -- with Nurse Griffiths. Do you recall during the course of the resuscitation who was -- the stabilisation, however we look at it, who was present in that room. There's you, [Nurse A], Dr Lambie. Were you joined by anybody else from what you can recall?
A. Um... No.

Q. Were there any other doctors present from what you can remember?
A. No, I can't say from memory. Other doctors did come, but I couldn't be sure who.

Q. Other doctors came, but you can't recall who?
A. Yes.

Q. Do you recall whether [Baby B]'s family were present on this evening?
A. I'm not sure if they were present at the time, but they did come once [Baby B] deteriorated, yes.

Q. And who would have dealt with them principally when they came?
A. Usually that would be the designated nurse, so I would assume [Nurse A].

Q. Right. If the designated nurse is assisting with the family, what happens with the baby, in this case [Baby B]? Because she's been stabilised, what happens with her?
A. So the care would still remain with that nurse, but she may need help then from other members of nursing staff that are on the unit to help with the more practical side of the care if she is then supporting the parents.

Q. So with that in mind, can we look, please, at the observations at tile 237 and observations that follow the collapse and stabilisation. If we go into that, Mr Murphy, thank you.
Take a look at the chart as a whole and then I want to look at one of the entries in particular. If we look about three or four lines in from the left-hand side, can we see your initials down at the bottom?
A. Yes.

Q. And we can see this is the shift on 10 June, going into 10 June. [Nurse A] was the designated nurse for [Baby B], wasn't she?
A. Yes.

Q. If we scroll up, we can see the time at which you've done these observations. We have your initials at the bottom. Let's see the row directly above that, so 01.00.
A. Yes.

Q. Why would you be doing the observations on [Baby B] at 01.00 if [Nurse A) was the designated nurse?
A. It's not unusual that nursing staff would help each other out with observations. It may have been that [Nurse A) was talking to the parents at that time and has asked me to take the observations for her. It's not unusual.

Q. Right. In the normal course of events it would be the designated nurse that deals with the family?
A. Yes, it would, yes.

Q. But staff have to continue looking after the baby: is that right?
A. Yes.

Q. And is that what you were doing?
A. Yes.

MR MYERS: All right.
My Lord, that might be a suitable point to stop if we may.

MR JUSTICE GOSS: Certainly. Yes, we will do. We'll have a 15-minute break then, members of the jury, and continue at midday, please.
(In the absence of the jury)

MR JUSTICE GOSS: If members of the public could leave the courtroom, please.
(11.46 am)
(A short break)
(12.00 pm)

MR MYERS: My Lord, may I confirm what time your Lordship would wish to rise for lunch?

MR JUSTICE GOSS: I'll leave it entirely to you, Mr Myers. We have to have at least an hour and 10 minutes at lunch, so if you want it to be just before 1 o'clock, wherever is the most convenient point.

MR MYERS: It's that which I had in mind when I asked. Thank you.
(In the presence of the jury)

MR MYERS: [Baby c1, Ms Letby, which is the third count on the indictment. Can we put up tile 5, please, Mr Murphy, and go behind that?
In fact, if we just have a look at the front sheet, that will probably suffice.
[Baby c], born on 10 June 2015 at 15.31, 30 plus 1 weeks' gestation, born by caesarean section, 800 grams at birth. We can see IUGR, which means intrauterine growth restricted and also reverse end-diastolic flow, which means the umbilical artery flow is reversed to some extent. Are you aware of that?
A. Yes.