CORONERS COURT
OF NEW SOUTH WALES

Inquest:	Inquest into the death of BR
Hearing dates:	12 - 15 October 2026
Date of findings:	9 November 2026
Place of findings:	Coroners Court, Lidcombe
Findings of:	Judge R. Hosking, Deputy State Coroner
Catchwords:	CORONIAL LAW: Manner and cause of death in infant, origin of cardiopulmonary arrest, relevance of reported pre-death subcostal recessions and work of breathing.
File number:	2020/68558
Representation:	Counsel Assisting the inquest: Ann Bonnor of Counsel instructed by Yvette Edgell, NSW Crown Solicitor's Office EM: Paul Wiggins, Solicitor Nepean Blue Mountains Local Health District and the Sydney Children's Hospitals Network: Ben Bradley of Counsel instructed by Jessica Hackett of Hicksons | Hunt & Hunt | Holman Webb
Findings:	**Identity of deceased**: BR **Date of death**: 2 March 2020 **Place of death**: The Children's Hospital at Westmead **Manner of death**: Unascertained **Cause of death**: BR died from the effects of a cardiopulmonary arrest of unknown origin suffered on 7 February 2020.
Recommendations:	N/A
Publication orders:	A copy of the non-publication and pseudonym orders made by Judge Hosking can be obtained from the Coroners Court Registry.

INTRODUCTION **3**
The issues examined in the inquest 3
The evidence 4
BACKGROUND **5**
BR's family 5
BR's birth 6
EVENTS LEADING UP TO BR'S DEATH **6**
Reported breathing issues 6
14 January 2020: Home Assessment 7
14 January 2020: Nepean Hospital 8
14-15 January 2020: CHW 9
21 January 2020: Home assessment 10
5 February 2020: CHW outpatient review 10
BR'S DEATH **11**
Police investigation 16
Examination of EM's unit 18
EXPERT EVIDENCE **18**
Dr Irvine, post-mortem examination, report of 19 March 2021 18
A/Prof. Buckland, Neuropathology report of 21 December 2020 19
A/Prof. Cherepanoff, Forensic Ophthalmic Pathology report of 5 February 2021 20
Dr Wong, Consultant Paediatrician, reports of 24 February 2020 & 12 October 2026 20
Dr Weber, Perinatal and Paediatric Pathologist, report of 12 August 2022 20
Multidisciplinary Paediatric SUDI Review 21
Prof. Craig, Paediatric Emergency Physician, report of 9 April 2025 22
ISSUES **23**
The manner and cause of the death of BR 23
Subcostal recessions and/or increased WOB prior to 7 February 2020 23
Circumstances immediately prior to NSWA being called on 7 February 2020 24
Accounts given by EM 24
To paramedics 24
To Nepean Hospital 24
On NSWPF BWV: 7 February 2020 24
Police interview at CHW: 8 February 2020 25
To AR 26
The scene 26
Petroleum jelly 26
Factual findings: circumstances leading to BR's cardiopulmonary arrest 26
Investigations into potential causes of death 28
The relevance, if any, of intraretinal haemorrhages in BR's left eye 28
Whether BR's breathing was obstructed 29
Findings on manner and cause of death 31
Recommendations 31
Concluding remarks 31
Statutory findings required by s 81(1) 32
Annexure A 33
Glossary 33

INTRODUCTION

1 Baby BR was born on 7 January 2020 to his mother EM and father AR and was welcomed by his older sibling.[1] On 7 February 2020, in his home, BR's heart stopped beating and he stopped breathing (cardiopulmonary arrest). He was transported by ambulance to Nepean Hospital and then transferred to the CHW where he tragically died on 2 March 2020. It was clear that his mechanism of death was the effects of his cardiopulmonary arrest on 7 February 2020. An inquest was held because the cause of the cardiopulmonary arrest and the circumstances leading up to it (manner of death) were uncertain.

2 Unfortunately, for the reasons outlined in these findings, I was unable to determine the cause of BR's cardiopulmonary arrest or his manner of death. The factual findings I was able to make can be found at paragraph 101.

3 Some terms used in these findings have been abbreviated and a Glossary of defined terms can be found at Annexure A.

4 I have drawn from submissions by Counsel Assisting in relation to non-contentious factual matters and issues. I am grateful for this assistance.

The issues examined in the inquest

5 The issues identified in the coronial investigation to be examined at the inquest are outlined below.

(1) The manner and cause of the death of BR, including consideration of:

(a) reported issues with BR's breathing prior to 7 February 2020[2]

[1] I will refer to EM's first child as 'BR's sibling.' BR's father also had 3 children prior to meeting EM though he was not in contact with them at the time of BR's death.

[2] BR's mother and others had reported subcostal recessions (being the clinical signs of respiratory distress where the skin beneath the ribcage appears to suck in when breathing in) and/or increased work of breathing (WOB) prior to BR's death.

(b) circumstances immediately prior to NSWA being called at about 15.51 on 7 February 2020

(c) evidence of the scenes in unit 54 and unit 55 of 14-20 Parkes Street, Werrington, on 7 February 2020

(d) investigations after 7 February 2020 of potential causes of death,[3] and

(e) SUDI.[4]

(2) Whether any recommendations are considered necessary or desirable in relation to any matter connected with the death of BR.

The evidence

6 A 4-volume brief of evidence was tendered to the Court and marked Exhibit 1. The brief was supplemented by:

(1) Exhibit 2: Statement from Mark Salter, Deputy Director, ED, NBM LHD, Nepean Hospital, dated 29 September 2026.

(2) Exhibit 3: Multidisciplinary Paediatric SUDI Review record dated 29 March 2021.

(3) Exhibit 4: Progress notes dated 3 March 2020.

(4) Exhibit 5: Expert Certificate of Dr Grace Wong dated 12 October 2026.

[3] While the issues list referred to medical causes – the inquest involved consideration of causes more broadly.
[4] This issue ultimately fell away in circumstances where all the evidence indicated that BR was awake before becoming unconscious at the time of the cardiopulmonary event on 7 February 2020.

7 Oral evidence was adduced at the inquest from:

(1) RN Leanne Patterson, community nurse, NBM LHD

(2) Jagdish Kumar, neighbour

(3) Prof. Simon Craig, Paediatric Emergency Physician.

(4) Stewart Hough, NSWA

(5) Jessica Topping, NSWA

(6) Tammy Chen, Former Volunteer Chaplain, NSWA

(7) Dr Grace Wong, Child Protection Unit, SCHN

(8) Dr Rebecca Irvine, Forensic Pathologist

(9) Inspector (Duty Operations Manager), Joseph Ibrahim, NSWA

(10) PCSC Kyel McGarry, NSWPF

(11) EM, BR's mother

(12) Dr Martin Weber, Perinatal and Paediatric Pathologist

BACKGROUND

BR's family

8 BR's mother, EM, and her family are of Congolese background and speak Swahili as their first language. EM's first child (BR's sibling) was born on 3 April 2018.[5]

[5] AR was not the father of that child.

9 Around December 2018, EM started dating AR. AR lived in an apartment in Parramatta. AR is also Congolese but he and EM are from different tribes.

10 When they started dating, EM lived with her extended family and BR's sibling in Bidwell later moving to her own apartment close by at 54/14-20 Parkes Avenue, Werrington.

BR's birth

11 EM, then aged 26, gave birth to BR at Nepean Hospital on 7 January 2020. EM's mother was present for the birth.

12 BR was born at 40 weeks' gestation and appeared to be in 'good condition' with no identified concerns. EM reported she didn't like hospitals and she was discharged about 6.5 hours after birth.

13 Between 7 January 2020 and 15 January 2020, AR visited BR twice at home and reported that he was a healthy baby.

14 On 15 January 2020, AR travelled overseas.

EVENTS LEADING UP TO BR'S DEATH

Reported breathing issues

15 While AR was overseas, EM told him that BR was experiencing post breastfeeding tachycardia and heavy sweating. She also sent him videos. She said she reported it to a community nurse; however, nothing was done. EM told AR that she was worried because the symptoms worsened each day. In addition:

(1) EM's sister, noticed BR's breathing issues reporting that, 'his whole stomach would rise significantly and it didn't seem normal.' EM's sister had no concerns about EM, who seemed her usual self. EM had family support including almost daily visits from her mother who would look after BR's sibling so that EM could rest.

(2) Another of EM's sisters reported that a few weeks after BR was born, EM said she thought he was sick, although she had been to the doctor a couple of days before. EM's mother said that it looked like BR was not breathing well and they should go to the hospital; EM's sister agreed that it appeared BR was not breathing properly and she took some videos of BR that day.

(3) EM's mother also considered that on occasion BR did not look like he was breathing properly.

16 As discussed in greater detail below, EM took multiple steps to investigate her concerns regarding BR's breathing. She consulted the community nurse, her GP and attended Nepean Hospital because to her, as a second time parent, BR did not appear to be breathing properly.

14 January 2020: Home Assessment

17 On 14 January 2020, RN Patterson attended EM's home to conduct a routine newborn follow up assessment of BR. RN Patterson recorded in BR's blue book, 'Distended/soft abdo?' and 'L inguinal Hernia,' with action to be taken recorded as 'See GP for r/v.'

18 RN Patterson recorded[6]:

> Post feeds today baby noted to have subcostal recession and tachypnoea.
>
> Also noted swelling in L groin? Inguinal hernia + undescended L testis.
>
> Discussed both concerns with mum and advised [her] to see GP today as newborn check is planned. Mother responding appropriately to infant cues.

19 In her police interview on 8 February 2020, EM said that she had noticed that BR's breathing had been 'quite heavy' and 'just below his um, chest,' which she raised with the community nurse. She said the nurse also noticed the hernia and told EM to tell the doctor of her concerns at BR's one week check-up.

[6] in the records of the Nepean Blue Mountains Child Family Health Clinic.

20 EM took BR to the Greater West Medical Centre on the same day. Dr Enrique Avedillo noted that BR had a 'markedly distended abdomen' and provided a referral letter for Nepean Hospital. The letter recorded that BR had:

> …onset on abdominal distention with intercostal retraction noted [for] few days now.
>
> Abdomen markedly distended ?

14 January 2020: Nepean Hospital

21 EM took BR to Nepean Hospital where they were seen at 2.01pm. Observation notes recorded:

> Moderately increased WOB?
> Abdo distension, bowels opening normally.
> ? lump in left groin
> Subcostal recessions and having deep breathing as per mum.

22 BR had a respiratory rate of 48 beats per minute. Further notes recorded at 2.37pm state:

> Situation: 7 day old pt presents to ED with abdominal distention and ? increased WOB and lump to L groin.
>
> Seen by midwife today and told to see a Dr, GP sent pt to ED following assessment BO normally, feeding well, nil indications of pain/ not settled per mum
>
> Noted subcostal recession, RR46 in pea pod

23 The ED notes recorded that BR looked well, and his chest was clear but that he 'has subtle subcostal recession.' He had a normal respiratory rate (48 breaths per minute), normal oxygen saturations and a normal lung examination. His vital signs were recorded at 2.01pm, 2.30pm and 4.09pm and they included normal oxygen levels, normal respiratory rate and no significant breathing difficulties.

24 On review by paediatric medical officers at Nepean Hospital, BR's breathing was spontaneous with 'nil signs of increased WOB, chest clear.' He had a distended abdomen, and a mass in his groin on the left hand side, which was

thought to be a hernia. Blood tests showed slightly elevated lactate and calcium at 5.27pm.[7]

25 An abdominal x-ray showed distended bowel loops assessed to be a possible hernia but Nepean Hospital was unable to do an ultrasound that night so, at 6.41pm, BR was transferred to the CHW by ambulance as a surgical patient for the possible hernia.

26 EM told police that she mentioned at Nepean Hospital that she was concerned about BR's 'belly' and the way that he was breathing. She said the hospital told her that this presentation was usual and 'they grow into their body,' and 'you have nothing to worry about.'

14-15 January 2020: CHW

27 BR was triaged in the ED at the CHW at 6.46pm on 14 January 2020. The triage assessment noted the increasing abdominal distension over the previous few days and BR was assessed as having no breathing difficulties. BR's ED notes state:

> Resp: No e/o respiratory distress. Mild subcoastal recessions
>
> No increase in work of breathing.

28 At 7.52pm a nurse recorded that BR had a distended abdomen and was unsettled, with stable vitals 'yellow zone' but with 'some WOB and head bobbing.' BR was scheduled for surgery on 15 January 2020 for an inguinal hernia.

29 On 15 January 2020, when BR was taken to the operating theatre, it was determined that he did not have a hernia and the surgery did not proceed. Rather, he had an undescended left testis, which was recorded by Dr Jana Muraliharan, a paediatric surgery registrar, and reviewed by Dr Hiramatsu.

[7] Prof. Simon Craig opined that these elevations were not clinically important.

Dr Hiramatsu proposed a six month check up with a possible surgery if the issue had not resolved.

30 BR was discharged from the CHW at 7.30pm on 15 January 2020, with a plan to review him in four weeks. On discharge it was recorded that he was breathing spontaneously and oxygen was saturating about 95%, with:

> Nil WOB noted, RR stable and BTF on SPOC

31 In his report, Prof. Craig observed that while BR was at CHW, his vital signs, including his breathing, were repeatedly documented as normal.

21 January 2020: Home assessment

32 EM told police that after discharge BR was still 'doing it' (breathing heavily, below his chest), especially after a feed.

33 RN Patterson conducted a second home visit in the afternoon of 21 January 2020. She noted that EM reported that BR had been well after the hospital review the previous week. BR was gaining weight and appeared well.

34 RN Patterson also noted that, 'while baby asleep today subcostal recession with mild nasal flaring.' She recorded that she discussed with EM that 'despite baby being checked last week with doctors, if [she] continues to be worried about BR she should get him checked by her GP or take him to the hospital ED.' The plan was for follow up with the CHW in four weeks at the outpatients' clinic, with checks by the family GP or the Child Family Health clinic as needed.

5 February 2020: CHW outpatient review

35 On 5 February 2020, EM took BR to the CHW for outpatient review in the surgical clinic by surgical fellow, Dr Hiramatsu. A diagnosis of left undescended testis was confirmed, with a surgical plan for review at 6 months of age and, if the condition persisted, consideration of surgery at that time. The swelling in the inguinal region was explained by a hydrocoele of a tight chord.

36 Dr Muraliharan reported that BR was an 'otherwise healthy baby that is tolerating good oral intake and developing normally.'

BR'S DEATH

37 On the afternoon of 7 February 2020, EM was home with the two children. Shortly before 3.50pm, EM took BR to unit 55, where Mr Kumar, her neighbour lived, leaving BR's sibling in her unit.[8]

38 Mr Kumar did not know EM. He heard someone banging very loudly on his door, and EM came in holding BR in her arms, wrapped in a light blue towel[9]. She was screaming:

> [m]y baby is not breathing, and my phone is not working, call the ambulance.

39 Mr Kumar called triple-0 and put the call on loudspeaker; the first call disconnected and he called again (at 3.51pm) and gave it to EM. Mr Kumar saw fresh blood, although not a lot of it, on BR's nose and mouth.[10] The triple-0 operator told EM to blow into BR's nose, and she wiped his nose and mouth with the blue shawl.

40 Until paramedics arrived, EM performed CPR, following the instructions of the triple-0 operator. Evidence of the triple-0 call includes EM informing the operator that BR had blood coming out of his mouth, that he was breathing but the breathing was coming and going, and that there was blood on the nose and nothing in the mouth.

41 NSWA dispatched units at 3.57pm and they arrived on scene at 4.03pm. They had some difficulty finding the unit and but reached BR at 4.08pm. BR was in cardiac arrest with some blood coming from his nose and mouth.

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[8] EM's phone was being charged.
[9] Described as a shawl or blanket and by others as a towel.
[10] In his oral evidence he referred to blood coming from the ear. However, on further examination he indicated that due to the passage of time his memory at the time he gave his statement, in which he referred only to the nose and mouth, would be more accurate.

42 On arrival, EM told NSWA officer Ibrahim that she had 'just put [BR] in the bath, and he began bleeding and stopped breathing.' Ibrahim asked how long ago this was, and EM said, 'not long ago.' Ibrahim was concerned, as BR was not wet, although he was wrapped in a towel. He also noted that BR had dry blood around his nose.

43 Paramedics inserted a nasogastric tube and a large amount of pink frothy liquid aspirated. Ibrahim was concerned that this indicated a possibility that BR had aspirated a large volume of water.

44 The towel in which BR was wrapped was photographed, showing patches of bright red blood varying in size. However, the towel has not been recovered.

45 At 4.54pm, paramedics transferred BR to Nepean Hospital, arriving at 4.57pm. One minute after they arrived at Nepean Hospital, BR's heart spontaneously re-started, after a downtime of one hour. BR arrived intubated, with poor peripheral perfusion, non-reactive pupils, and was 'twitching,' but was spontaneously breathing.

46 At 5.30pm BR's fontanelle was noted to be bulging and he developed hypertension. At 5.58pm BR underwent a CT of his brain which was recorded to be suboptimal due to motion artefact; however, the scan did not show any large intracranial bleed or skull fracture. The paediatrics team at Nepean Hospital recorded it as 'essentially normal.' On a chest x-ray there appeared to be airspace consolidation in the right lung base and possible further pulmonary consolidation in the upper and mid zones of the right lung.

47 BR was transferred to the CHW by NETS. Before the transfer, the Nepean Hospital paediatrics team recorded:

> NETS SS Dr Tracey contacted the [NETS] Team and a repeat blood gas was done which showed respiratory as well as metabolic acidosis
>
> Pupils 4mm non reacting
>
> baby on mechanical ventilation and minimal support but having agonal breaths inspite of heavily sedated on Midazolam and morphine

48 Multiple laboratory investigations were performed at Nepean Hospital, none of which assisted in determining the cause of his cardiac arrest.

49 Multiple notes were recorded at Nepean Hospital as to what had occurred:

(1) Dr Mark Salter recorded at 8.43pm that EM told him she had held BR in her arms and he coughed up secretions and blood, then arrested in her arms.

(2) Dr Yadwinder Singh, who saw EM with Dr Salter, recorded that EM was bathing BR and during the bathing BR coughed up blood and vomitus, and EM ran to alarm the neighbours and when she came back the baby was not responding.[11]

(3) RN Grodzinski recorded that EM said that BR was expelling water from his mouth with blood after having a coughing fit in the bathtub while being bathed.

50 BR was admitted in the CHW at 8.55pm on 7 February 2020.

51 The discharge referral from Nepean Hospital, included a history apparently provided by EM, that BR had passed a motion and she was washing him over the bathtub, not submerged, when she noted blood coming from his mouth, and she ran to her neighbour's place soon after.

52 Over the following period until his death on 2 March 2020, BR remained unresponsive with no purposeful movements detected and sluggish or non-responsive pupils.

53 Extensive testing was carried out while BR was in CHW. The salient aspects are summarised below.

[11] This is not consistent with the evidence of Mr Kumar that EM knocked on the door while holding BR. The differences between Dr Salter and Dr Singh's accounts also highlights the difficulty and potential for inaccuracy in recording a conversation which takes place in a highly charged environment when English is a second language and the primary focus of all involved is saving a child.

(1) On 8 February 2020, a chest x-ray suggested pulmonary haemorrhage within the upper lobe of the right lung.

(2) Toxicology tests on 8 February 2020 at 3.40pm indicate positive results for benzodiazepines, barbiturates and opiates – consistent with the treatment BR received on 7 and 8 February 2020.

(3) On 8 February 2020, an x-ray and ultrasound of the abdomen found '[l]imited peristalsis in a large portion of the bowel… this is non-specific and no clear cause for this is demonstrated.' On autopsy, Dr Irvine opined that this was not an acute process.

(4) Further imaging of the abdomen, namely, CT of the chest, abdomen and pelvis, also did not show acute processes or specific cause for BR's cardiac arrest. A right-sided hydrocoele and left testis within the inguinal canal were noted. Conservative management of this was recommended.

(5) The anterolateral left 4th and 5th ribs were fractured, but this was likely consequential upon CPR.

(6) A urine metabolic screen on 8 February 2020 showed moderate increase in lactate and other findings that may have been secondary to BR's clinical condition rather than indicative of significance. An assessment following a second screening on 14 February 2020 noted that abnormalities may have been secondary to liver immaturity or dysfunction.

(7) A plasma acylcarnitine profile detected no apparent abnormalities.

(8) The neurology team recorded on 9 February 2020 that there had been poor neurological recovery, no spontaneous movement or activity observed, episodes of tachycardia and hypertension, and that some limb twitching or jerking had been seen initially prior to intubation.

Electroencephalography on 10, 12, 14 and 18 February 2020 suggested severe, global brain injury and a poor prognosis.

(9) On 10 February 2020, a CT and MRI of BR's head showed severe extensive hypoxic brain injury, with no evidence of intercranial bleeding or other traumatic head injuries.

(10) Ophthalmological examinations showed multiple retinal haemorrhages within the left eye, in all four quadrants. Most of these were small and appeared to have resolved by 21 February 2020.

(11) Medical staff were concerned that BR was showing signs of progressing towards brain death, however, this did not occur and by 15 February 2020 he was taking occasional breaths. With this change, medical staff informed EM and AR that he was unlikely to become brain dead, but he had suffered a devastating brain injury and would have major disability should he survive.

(12) While BR was in ICU, he developed seizures and autonomic instability. Initially he had polyuria, which had resolved by 25 February 2020.

(13) BR also developed a respiratory tract infection on 20 February 2020, which was treated with antimicrobials. Otherwise, there was no indication of an infective process despite testing for numerous infectious diseases and microbiology.

(14) Extensive testing was also performed for genetic metabolic disorders, which appeared to be unremarkable. A progress note indicated that the results of urine amino and organic acids screening and a plasma acylcarnitine profile were pending, and these results could not subsequently be located.

(15) Cardiology assessments suggested that a cardiac cause was unlikely to have precipitated the cardiac arrest on 7 February 2020.

54 Dr Irvine, who conducted the autopsy, noted that there appeared to be no indication of a coagulopathy on admission. She also confirmed that the results of this extensive testing did not assist in determining BR's cause of death.

55 By 24 February 2020, limitations of care were instituted, indicated by notes of 'not for escalation of care' on that date and 'not for CPR' by 25 February 2020. The plan by that stage was extubating upon AR's return from overseas.

56 On 25 February 2020, BR's endotracheal tube was inadvertently dislodged. It was replaced without incident.

57 On 24 February 2020 there was a discussion at the CPU radiology meeting and a plan was made for modified skeletal survey of BR's joints. This was not ultimately performed. BR was being cared for in the paediatric ICU. He was suffering symptoms that made him clinically unstable, including recurrent seizures. He had significant neurological impairment and he was dependent on mechanical ventilation with an endotracheal tube. It is understood that a survey of this kind would have required a transfer to radiology which in turn would have required that BR be well enough and stable enough to undergo the transfer and process of the survey outside the intensive care environment. Given the focus on life saving treatment, I make no criticism in relation to this test not being performed.

58 On 2 March 2020, BR was extubated at the CHW at 1.10pm. He was unable to breathe unassisted and he was declared deceased at 2.45pm.

Police investigation

59 A summary of recorded accounts of what EM said occurred on 7 February 2020 are set out below.

(1) Paramedics recorded that EM said BR was well all day and as she went to put him in the bath, blood started coming out of his nose and mouth, and he stopped breathing. She immediately took him into Mr Kumar's unit to call an ambulance.

(2) A COPS event entry recorded that after police arrived, EM told PC Hooker that the baby was on the ground playing in front of the television, and she noticed he was having breathing trouble or breathing irregularly. She moved him to the bath as he had not had one that day, and she was cradling him with his head in her hand, and his mouth and nose bled while he was in the bath. She tried to call triple-0 but her phone did not work.

(3) In her BWV interview at about 5.40pm on 7 February 2020 EM said that BR had defecated, which was all over his back.[12] Her phone was flat and she placed it on charge in the bedroom, filled a baby bath with water and started to wash the front of BR's body. She noticed he had blood near his mouth and thought he had been scratched. She then flipped him over to wash the back of his body and noticed more blood. Then she wrapped him in a towel and ran to Mr Kumar's house. BR's sibling was watching television at the time.

(4) In her subsequent police interview on 8 February 2020 at CHW EM said BR's sibling was watching TV and she started cooking while checking on the two children. At one point BR started crying so she changed his nappy and he went to sleep. EM had been speaking on the phone with her sisters, on Snapchat. BR's sibling was still watching TV. EM's phone went flat and she went to put it on charge. She heard BR cry again and he had done a big poo. EM put water in the bath, lifted BR and put him in the bath, and he started bleeding suddenly under his lip. She flipped him and then thought it was not normal, so changed him and ran to her neighbour's house. EM indicated that at the time of the bath, she held BR with his lower body in the water. She also said that she flipped BR and was wiping where the poop was stuck when she noticed blood, turned him back over and then straightaway ran.

[12] His soiled nappy was visible in the police photos taken at the scene.

(5) EM later told AR that she noticed blood in BR's nose and mouth, that she tried to give him a bath but he was unconscious, that her mobile phone was flat and that she ran to her neighbour's unit and asked him to call an ambulance.

Examination of EM's unit

60 Police found a plastic bathtub half full of water on top of a lounge chair in the lounge room. A substance that appeared to be yellow petroleum jelly was floating in it and police also found an open jar of perfumed petroleum jelly for babies, located on the lounge room floor. Yellow-ish petroleum jelly was spread over the mat, a nearby soft toy, a cushion and other locations in the unit.

61 Police took a sample of the bathwater which was later tested by a forensic chemist. Petroleum jelly was not detected in the bathwater. Faecal material was also not detected in the bathwater. However, the sample was so small the results are not determinative.

62 The presence of the petroleum jelly gave rise to the theory that petroleum jelly may have been placed around BR's nostrils preventing him from breathing.

EXPERT EVIDENCE

Dr Irvine, post-mortem examination, report of 19 March 2021

63 Dr Irvine conducted a forensic post-mortem examination on 4 March 2020. Despite this extensive examination, Dr Irvine could not determine BR's cause of death.

64 Dr Irvine's salient comments are summarised below.

(1) The only findings suggestive of trauma were an antemortem ophthalmologic examination and cervical nerve root haemorrhages identified on neuropathological examination, and she opined that these were 'far from definitive.'

(2) The fact that BR was suddenly unconscious while awake was atypical for SUDI.

(3) A relatively massive epistaxis (nosebleed) was a possibility, however, EM described only drops of blood, and police did not describe blood in the bathwater. Medical professionals did not observe a massive epistaxis event and qualified the appearance of right upper lobar haemorrhage on imaging as being in the context of a clinical history of pulmonary haemorrhage. Dr Irvine also observed that autopsy findings did not suggest a significant pulmonary haemorrhage.

(4) The possibility that petroleum jelly was put on BR's nostrils causing suffocation and translocation to the lungs was considered though it was difficult to assess in the absence of controls. Although fat was demonstrated within pulmonary macrophages, some fat-laden macrophages are ‘almost universal’ in infants.

A/Prof. Buckland, Neuropathology report of 21 December 2020

65 A/Prof. Buckland noted extensive hypoxic ischaemic injury throughout many regions of the cerebrum, cerebellum and brainstem, with reactive changes indicating the hypoxic ischaemic insult to have been several weeks prior to death.

66 A/Prof. Buckland also reported subacute perineural haemorrhages, with some monocyte infiltration, in spinal nerve roots of C4 (left), C5 (left and right) and C6 (left), and in association with the C4 left spinal nerve root. In this regard, he commented:

> In a small series of infant postmortem examinations, bilateral spinal nerve root haemorrhages in C3 – C5 regions were associated with exposure to hyperextension and hyperflexion forces of the neck. In this case, where two of three levels of nerve root haemorrhages were unilateral, the association with hyperextension and hyperflexion forces is not clear. Close correlation with results of other parts of the postmortem examination (such as retinal examinations, skeletal surveys and other postmortem evidence of traumatic injury) is required to appropriately interpret the significance of these findings.

A/Prof. Cherepanoff, Forensic Ophthalmic Pathology report of 5 February 2021

67 A/Prof Cherepanoff did not find macroscopic or microscopic features of non-accidental head trauma in either eye. That said, it is not clear whether any such trauma sustained on 7 February 2020 would have resolved by the time of BR's death.

Dr Wong, Consultant Paediatrician, reports of 24 February 2020 & 12 October 2026

68 Dr Wong had met with EM on 21 February 2020. Dr Wong considered that given the sudden onset of oronasal bleeding, numerous multi-layered retinal haemorrhages in the left eye, extremely severe hypoxic brain injury and cardiac arrest, BR's presentation was highly concerning for suffocation injury, either intentional or unintentional.

69 She thought BR had suffered a suffocating injury. She considered it was not a submerging or drowning injury as BR's lungs were dry and she considered the reports of bleeding from the mouth and nose were consistent with a suffocating injury and obstruction to the airway.

70 In her interim report, Dr Wong opined that:

> BR's presentation with sudden onset of oronasal bleeding, numerous multi-layered retinal haemorrhages in the left eye, extremely severe hypoxic brain injury and cardiac arrest is highly concerning for a suffocation injury, either intentional or unintentional.

Dr Weber, Perinatal and Paediatric Pathologist, report of 12 August 2022

71 Dr Weber considered this to be a complex case. When he was asked to provide his opinion, he was already familiar with the case as he was present at a Multidisciplinary Paediatric SUDI Review meeting on 19 March 2021 during which BR's death was discussed.

72 Dr Weber was asked for his views having regard to evidence of petroleum jelly smears observed at the scene. Dr Weber opined that even if the petroleum jelly had been applied to BR's nostrils, this would 'not necessary have caused

suffocation' and 'it would seem more likely than not that the child should have initiated mouth breathing in that scenario.'

73 Dr Weber agreed with Dr Irvine that, if the petroleum jelly had been applied to BR's nostrils, some of the jelly may have translocated to the lungs. He noted reported appearances of 'frequent intra-alveolar foamy macrophages…' and 'overall, sparse macrophages throughout [the] parenchyma containing microscopic globules of fat,' and within the central lung sections, 'enlarged peribronchiolar macrophages stuffed with ORO positive material.' Dr Weber considered that the significance of these findings was unclear but opined that the presence of scattered lipid-laden macrophages in the lungs was probably more likely secondary to aspirations during hospital admission rather than being related to the aspiration of petroleum jelly at the time of the cardiac arrest.

74 Dr Weber concluded that no interpretation could be made about the significance, if any, of the presence of petroleum jelly smears that were observed at the death scene; even if petroleum jelly had been applied to BR's nostrils, he did not consider this would necessarily have resulted in suffocation. Based upon the histological reports, lipid-laden macrophages in the lungs were probably more likely explained as an incident of prolonged hospital admission. The possibility of suffocation secondary to nasal obstruction by petroleum jelly could not be ruled out, but Dr Weber opined there was no convincing positive evidence that it contributed to or caused the cardiopulmonary arrest.

Multidisciplinary Paediatric SUDI Review

75 On 19 March 2021, a multidisciplinary paediatric SUDI review was conducted in respect of Dr Irvine's findings in the autopsy report. Dr Weber's report was available to the participants. They agreed with Dr Irvine's cause of death stated in the autopsy report and made no recommendations for any further examination. A summary of the comments made follows.

> Agreement iron-laden macrophages, especially when not prominent, not in keeping with [outdated] alleged association with repeated asphyxia incidents; especially not significant given history of long admission to NICU.

> Dr Weber stated fat-laden macrophages difficult to interpret, a few easily explained by aspirated milk fat, especially in setting of tube feeding (will add this to discussion); BALs difficult to interpret in clinical setting, always seems to be some fat present.
>
> Significance of eye and cervical nerve root haemorrhages unclear: discussed no 'normal' control for original studies on nerve root haemorrhages in NAI [non-accidental injury]
>
> Agreement no clear cause of death. not overtly suspicious for Nai.

Prof. Craig, Paediatric Emergency Physician, report of 9 April 2025

76 Prof. Craig opined that BR received overall adequate and appropriate care at Nepean Hospital and the CHW.

77 Prof. Craig was provided four brief videos of BR. He considered that it was difficult to make a firm judgment about any WOB in two of the videos and a third did not show obvious WOB.

78 In the fourth video, Prof. Craig observed that BR was clothed, so it was difficult to clearly assess his chest movements, however BR appeared to be breathing quickly.

79 Prof. Craig noted that rapid breathing in a young infant could be due to multiple causes, including a normal phenomenon of 'periodic breathing' alternating between short pauses and several quick breaths, most common in 2 to 4 week old infants. Assessment requires investigation to exclude problems with the lungs or heart, however, as BR had a normal clinical examination on 14 and 15 January 2020, and was gaining weight, Prof. Craig considered that significant heart or lung problems were 'less likely.'

80 Prof. Craig also noted that during his ICU admission, BR had extensive investigations which demonstrated a normal heart and normal lungs, no evidence of a viral infection, and the subsequent autopsy did not show any significant heart or lung abnormalities.

81 Prof. Craig could not provide a definitive opinion as to cause of death. He stated that he had limited expertise in ophthalmology and in the investigation of non-

accidental injury and so was 'reluctant to provide a definitive opinion.' That said, he did not believe that the material provided to him suggested a 'definite problem' with BR's lungs or heart, and the cause of the cardiac arrest was unclear.

ISSUES

The manner and cause of the death of BR

Subcostal recessions and/or increased WOB prior to 7 February 2020

82 As outlined in paragraphs 15 - 34 above, EM repeatedly raised concerns regarding BR's breathing to each medical professional she encountered in BR's short lifetime.

83 Prof. Craig considered that each episode of WOB that occurred while BR was in hospital before 7 February 2020, resolved spontaneously, was not associated with abnormal vital signs, and was not severe enough for nurses to bring it to the attention of medical staff.

84 Based on the information documented in the medical and nursing notes from the two hospitals, Prof. Craig did not believe that BR required any further investigation of his increased WOB and he did not consider that BR's identified breathing issues contributed to his death. Similarly, Dr Irvine's post-mortem examination did not identify any significant abnormalities with BR's heart or lungs.

85 The evidence supports a finding that BR did have breathing issues during his life, mostly mild in nature but ongoing. BR's mother worried about it, her extended family noticed it, the community nurse was concerned, and it was documented in hospital clinical notes. However, there was no identifiable underlying issue with his heart or his lungs and the intercostal recessions and WOB resolved when observed in a clinical setting.

86 The evidence does not support a finding on the balance of probabilities that the breathing issues caused or contributed to BR's death. However, they cannot be put entirely to one side when considering the circumstance of BR's arrest and

subsequent death. There is no clear explanation for these issues, and they remain part of the circumstantial evidence surrounding his cardiopulmonary arrest.

Circumstances immediately prior to NSWA being called on 7 February 2020

Accounts given by EM

To paramedics

87 When paramedics arrived, EM told them that BR was well all day. As she went to put him into the bath, blood started coming out of his nose and mouth, and then he stopped breathing. She said she immediately ran to Mr Kumar's to call an ambulance and did CPR.

To Nepean Hospital

88 Dr Mark Salter recorded that:

> Story from mum consistent but bizarre
>
> Held in arms, coughed and coughed up secretions and blood
>
> Arrested in arms
>
> CDA arrived within 5 mins

89 Nepean Hospital notes also record:

> Mother stated that she had been bathing BR then he becam[e] unresponsive and was distressed ++, she then went to her neighbour's property for assistance.

On NSWPF BWV: 7 February 2020

90 EM said BR defecated, which was all over his back. Her phone was flat, and she placed it on charge in the bedroom, filled a baby bath with water and started washing the front of BR's body. She noticed blood near his mouth and thought he had been scratched. She flipped BR over to wash the back of his body and noticed more blood. She thought this was not normal and wrapped BR in a towel and ran to Mr Kumar's house.

Police interview at CHW: 8 February 2020

91 EM voluntarily participated in an interview with DSC Procter in the presence of Jacklyn Thornburn, a social worker, who provided support.

92 EM said she took the children to a playgroup in the morning returning home at around 10am as she mistook the play group starting time. She fed BR and he slept.

93 BR's sibling was watching TV and EM started cooking while checking on the boys. When she was about to finish cooking, BR started crying, she changed his nappy, fed him and he went back to sleep.

94 BR cried again, and EM noticed he had 'done a big poo,' which she heard pass. She had finished speaking on the phone with her sisters on Snapchat. EM's phone died, she went and put the phone on charge and then she heard the poo, so she checked on BR.

95 EM decided to change BR, and put water in the bath, adding cold water and then:

> … lift the baby, change like, remove his clothes. Changed him. And then I put him in the bath. All of a sudden blood, like literally the blood coming like stains of blood. I've gone, look this is not usual like. And then I flipped him, his arms over here and then ah, ah, I'm like this not normal so I changed him quite quickly and ran straightaway into my neighbour's house.

96 EM was asked if BR was in the bath, and she said he was, which was a bath 'that he can, the baby could be sitting, and you'll be holding the baby like out of the water and stuff.' When asked how he was sitting, EM demonstrated that she was holding him with his lower body in the water and his upper body out of the water. She said she noticed blood under his lip but did not notice blood coming out of his nose.

97 EM said she flipped him onto his belly, probably with his head on her arms although she could not really recall, and rubbed 'where it usually poop, when the poop's stuck… in there, so I was just wiping that out.' When she flipped him,

she noticed blood. She turned him back over and 'saw a bit more blood and my baby was just getting ah, ah, so I straightaway ran.'

To AR

98 AR reported that EM told him that she noticed blood in BR's nose and mouth. She tried to give BR a bath, but BR was unconscious. She said she ran to her neighbour to call an ambulance as her mobile phone battery was flat.

The scene

Petroleum jelly

99 DSC Brian Herk conducted an examination of the unit. He described an open jar of 'sleeping baby perfumed petroleum jelly' near a soft toy on the floor of the lounge room, and yellow-ish petroleum jelly spread over the mat, the toy, a cushion and in other locations in the unit including a bedroom.

100 A plastic bathtub half full of water was on the top of a lounge chair in the lounge room, with what appeared to be yellow petroleum jelly floating in it. DSC Herk took an 80ml sample of water from the bath, which was later examined, however was not found to contain traces of petroleum jelly. There was also no faecal material in the bathwater. Given the sample size and the residue clearly visible in photographs of the bath, the results of this testing have minimal value.

Factual findings: circumstances leading to BR's cardiopulmonary arrest

101 The precise sequence of events leading up to BR's cardiopulmonary arrest remains uncertain. The evidence supports the following findings:

(1) On the morning of 7 February 2020, EM got into the car to go to playgroup but ultimately came home as she had the time wrong.

(2) At some point, BR had defecated soiling his nappy and jumpsuit. These were placed in his bassinet, EM part-filled his baby bath with water and the bath was on the back of the lounge. While there was some inconsistent evidence as to whether BR was wet when paramedics

arrived, the evidence was clear that he was wrapped in a towel and on the balance of probabilities I find that BR was bathed by EM.

(3) There was residue visible in the bathwater which may have been petroleum jelly.

(4) There was petroleum jelly smeared in places around the apartment. When BR's sibling was retrieved from the unit after paramedics had arrived at Mr Kumar's unit, he was found with petroleum jelly on his hands, head and top.

(5) In the course of his cardiopulmonary arrest, BR was seen to have blood coming from the nose and mouth and there was blood on his towel.

(6) On realising that BR wasn't breathing and that her phone was not working (or not charged), EM went to Mr Kumar's unit so that he could call an ambulance. Once he did, she commenced CPR until paramedics came.

102 We heard from Tammy Chen that EM said to the attending paramedics that she had been bathing the baby and the baby had gone under water. Chen said that she could not recall the exact words or to which paramedics it was said. None of the paramedics questioned could recall a conversation of that nature.

103 Emma Vickers also said in her own statement that she was given the impression that the patient had been immersed in the bath water and drowned, but that was not from EM. Rather, it was part of a handover. She also says that the only direct conversation she had with EM was that EM told her she had the baby in the bath and that the other child was still in her unit.

104 While I accept Chen as an honest witness, the reliability of her evidence needs to be considered in the context of the evidence being uncorroborated and with her having participated in a debrief where drowning was referred to.

Investigations into potential causes of death

105 Unfortunately, none of the experts assisting this inquest were able to identify the cause of BR's cardiopulmonary arrest.

(1) Dr Irvine maintained her view that the cause of death was unascertained.

(2) Dr Wong concluded that the cause of death is unclear.

(3) Prof. Craig could not provide a definitive opinion as to the cause of death and in evidence confirmed his opinion was that the cause of death was unascertained, noting limitations to his expertise in investigation of non-accidental injury, ophthalmological evidence, and of course forensic pathology.

The relevance, if any, of intraretinal haemorrhages in BR's left eye

106 Intraretinal haemorrhages in BR's left eye were found on his admission to the CHW on 7 February 2020.

107 Dr Wong said that 20 intraretinal haemorrhages were identified although examination of the far periphery of the eye would likely have been obstructed. She indicated in her evidence that this was in the moderate range of frequency.

108 Dr Wong opined that the intraretinal haemorrhages could have been due to raised intrathoracic pressure, which meant that upper airway obstruction was a potential cause for the intraretinal haemorrhages. In her report she noted that drowning or near-drowning does not typically cause retinal haemorrhages and she confirmed in her oral evidence that they would not be the result of CPR.

109 Prof. Cherepanoff concluded that the documented clinical pattern of the intraretinal haemorrhages was non-specific. The documented clinical pattern departed from a classic picture of abusive head trauma in several respects: it was unilateral; the haemorrhages were recorded as mostly small and intraretinal, some were linear; no vitreous haemorrhage was recorded; no retinoschisis or peri-macular folds were documented and the right eye was recorded as normal. Her opinion was consistent with Dr Wong's opinion that

CPR alone uncommonly produces retinal haemorrhage but said it could contribute as part of a combination of coagulopathy derangement that was identified and the hypoxic-ischaemic brain injury. Her findings were not diagnostic and the determination of the operative cause was a multidisciplinary one which could consider the entirety of the circumstances.

110 Prof. Cherepanoff noted a discrepancy in the record, which was a reference to 'extensive multi-layered retinal haemorrhages.'[13] Dr Wong confirmed that the handwritten note of her conversation with Dr Jones[14] included that his opinion was that the pattern observed was not typical of that arising from an underlying medical condition and is consistent with some form of trauma on the mild end of the spectrum. Dr Wong confirmed that this was part of Dr Jones' opinion.

111 None of the expert evidence suggested that the intraretinal haemorrhages were typical of a drowning or near-drowning event.

112 While the presence of the intraretinal haemorrhages was concerning, the evidence of the known surrounding circumstances and the expert evidence does not support any findings of inflicted trauma.

Whether BR's breathing was obstructed

113 Dr Wong's opinion was that it is likely that some event caused an obstruction to BR's breathing, leading to apnoea and bradycardia and then cardiac arrest. She considers this was either a suffocation injury, or some kind of obstruction involving water.

114 Multiple witnesses gave evidence of the red blood that came from BR's mouth and nose. Blood can also be seen in photographs of the towel in which BR had been wrapped, in photographs taken in Mr Kimar's apartment.

115 Dr Weber confirmed that the red blood from BR's mouth and nose was a feature that may be seen in babies that have suffocated but it is not specific to suffocation. He said it is not specific to suffocation but is one of the red flags in

[13] That reference is found in the progress notes at the CHW on 21 February 2020, in the record of Dr Wong's conversation with EM.
[14] Ophthalmologist, CHW.

the neonatal age group of some suffocation event. Dr Wong's report stated that frank blood from the nose and/or mouth could be caused by a suffocation event involving obstruction of the oronasal passageways. Nosebleeds in infants under 2 years of age is rare and although Dr Irvine identified the possibility of a massive epistaxis event in her autopsy report, she identified several reasons why this was unlikely and that seems to be confirmed by the rarity of this kind of event in babies. Dr Wong also referred to potential causes being inflicted oronasal trauma, or serious medical conditions. No serious medical condition was identified in the clinical investigations at CHW.

116 Dr Weber gave evidence to the effect that what may appear to be frank bleeding could in some cases be blood stained fluid.

117 The possibility of petroleum jelly on the nose being capable of causing a suffocation event was explored. Dr Irvine thought that this was a reasonable possibility and Dr Wong did not disagree with this.

118 We heard from the experts that while babies can be referred to as obligate or preferential nasal breathers, most are able to breathe through their mouth if required. In essence they breathe through their nose as in the first 6-8 weeks of life neonatal anatomy makes it more difficult to breathe through the mouth. Dr Weber's evidence was to the effect that most but not all infants seem to have an ability to switch to mouth breathing after a nasal occlusion, but there is considerable variation as to how long an infant can sustain this.

119 The finding of lipids in BR's lungs on autopsy does seems to be of unclear origins, but Dr Irvine posited that if petroleum jelly had been placed in BR's oronasal passages, it could have been translocated to the lungs, especially during resuscitation. Dr Weber agreed in his report.

120 While it cannot be excluded, the evidence of the scene does not enable any positive finding that petroleum jelly was placed in BR's oronasal passages obstructing his breathing.

121 Moving to the possibility of a drowning event, Mr Ibrahim gave evidence of aspiration of a large volume of pink frothy fluid and Ms Topping of squelching

during CPR compressions. Dr Wong referred to the possibility of an obstruction to breathing involving water be it splashing or submersion, which could have led to cardiac arrest. Such an event could, she said in her supplementary report, explain the pink frothy liquid that was aspirated, as well as oronasal bleeding.

122 Professor Craig said he did not know what the fluid might have been and could not comment but given it was in the stomach, it might not have been fluid produced from a pulmonary oedema.

123 The aspiration of the fluid is evidence that would support concern for some kind of event involving water. However, this evidence is insufficient to support any finding that the event that led to the cardiac arrest was a submersion type event.

Findings on manner and cause of death

124 Unfortunately, the evidence does not support a conclusive finding of the manner and cause of BR's death.

Recommendations

125 I make no recommendations following the hearing of this inquest.

Concluding remarks

126 I will close by conveying to BR's family my deepest sympathy for the loss of baby BR who was much loved and cared for.

127 I thank the Assisting team for their outstanding support in the conduct of this inquest.

128 I thank the officer in charge, DSC Toni Proctor for her work in conducting the investigation and compiling the brief of evidence which was supplemented by the Assisting team.

Statutory findings required by s 81(1)

129 As a result of considering all the documentary and the oral evidence heard at the inquest, I make the following findings:

Identity

The person who has died is BR.

Place of death

BR died at The Children's Hospital at Westmead, Cnr Hawkesbury Road and Hainsworth Street, Westmead NSW 2145

Date of death

BR died on 2 March 2020

Cause of death

BR died from the effects of a cardiopulmonary arrest of unknown origin suffered on 7 February 2020

Manner of death

Unascertained

I close this inquest.



Judge R Hosking
Deputy State Coroner
Lidcombe

****

Annexure A

Glossary

Assisting team	Ann Bonnor of Counsel, Yvette Edgell and Kathleen Campbell, NSW Crown Solicitor's Office.
A/Prof.	Associate Professor
BWV	Body Worn Video
CHW	Children's Hospital at Westmead
COPS	Computerised Operational Policing System
CPU	Child Protection Unit
DSC	Detective Senior Constable
ED	Emergency Department
GP	General Practitioner
ICU	Intensive Care Unit
NBM LHD	Nepean Blue Mountains Local Health District
NETS	The NSW Newborn and Paediatric Emergency Transport Service
NSWA	NSW Ambulance
NSWPF	NSW Police Force
PC	Probationary Constable
PCSC	Plain Clothes Senior Constable
Prof.	Professor
RN	Registered Nurse
SCHN	Sydney Children's Hospitals Network
SUDI	Sudden Unexpected Death in Infancy
WOB	Work of breathing