10 Insights for Solicitors Handling Paediatric *Neurological & Birth Injury Claims*

With 24+ years' experience in paediatrics and almost 20 years as an independent expert witness, Dr Aniraban Majumdar recently joined INNEG to discuss some of the clinical and evidential complexities he encounters in paediatric neurological and birth injury cases.

Drawing directly from that webinar, here are 10 of his key insights - and what they could mean when investigating a claim or instructing an expert.

This eBook has been produced by INNEG and is based on key clinical insights shared during our webinar, Birth Injury Claims: Long-Term Neurological Outcomes, presented by Dr Anirban Majumdar, Consultant Paediatric Neurologist.

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Early MRI cannot tell you the whole long-term picture

Dr Majumdar explains that early scans can provide a useful indication of the areas likely to be affected following a brain injury, but they cannot necessarily predict the child's eventual level of function. The developing brain continues to change, while neuroplasticity can allow functions affected by injury to be taken over by other areas of the brain.

Why this matters: Early imaging may help establish the nature of an injury, but greater caution may be needed when relying on it to determine long-term condition and prognosis.

Time can change the neurological picture

According to Dr Majumdar, time reveals how accurate — or inaccurate — those initial predictions were. Development is influenced not only by the original injury but by neuroplasticity, psychological development, play, family life, movement, exercise and wider environmental factors.

Why this matters: A prognosis reached very early in a child's development may not capture the eventual extent of their abilities or difficulties.

Causation and prognosis may need to be considered at different stages

Dr Majumdar makes an important distinction. He says a causation opinion can often be reached relatively early because the relevant antenatal, neonatal and early postnatal evidence is already available. Condition and prognosis are different and may require assessment at a later stage, with three years potentially being an appropriate starting point and later assessment often providing greater clarity.

Why this matters: Solicitors may not need to wait for long-term prognosis before obtaining neurological evidence on causation.

Cerebral palsy is about much more than movement

Dr Majumdar describes cerebral palsy as an “umbrella term”. Motor impairment is only one part of the picture; participation, education, sensory function, communication and other areas of development may also be affected. Epilepsy can add another layer of complexity.

Why this matters: Assessing the consequences of cerebral palsy may require looking beyond the child's physical impairment alone.

Some difficulties may not become apparent for years

Gross motor difficulties may become evident at around 18 months, Dr Majumdar explains, whereas cognitive, sensory and neurodevelopmental features can emerge later. He specifically notes that conditions or traits such as ADHD and autism may not be readily diagnosable before around three years of age.

Why this matters: The absence of an identified difficulty in infancy does not necessarily mean it will not form part of the child's later neurological picture.

Always consider whether there could be another explanation

When assessing a child, Dr Majumdar says one of the questions at the back of his mind is: could this be something other than the current narrative? A cerebral palsy diagnosis accompanied by a normal MRI and no abnormal birth history, for example, may prompt investigation for genetic or metabolic causes.

Why this matters: Where the clinical picture does not fit neatly with the alleged birth injury, alternative causes may need to be explored before causation is assumed.

A cerebral palsy-like presentation can even have a treatable cause

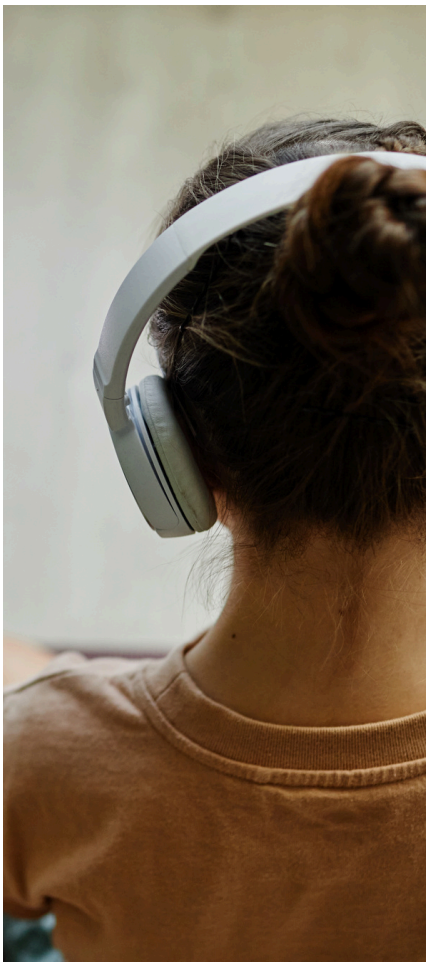
Dr Majumdar gives the example of dopa-responsive dystonia, which can resemble cerebral palsy but responds to levodopa. He describes identifying potentially treatable alternative diagnoses as something paediatric neurologists are particularly keen not to miss.

Why this matters: Establishing the correct underlying diagnosis can fundamentally change both the clinical picture and the causation analysis.

Neurodiversity should not automatically be attributed to the birth injury

Dr Majumdar says he sometimes encounters cases where a birth-related injury is followed by neurodiversity and an attempt is made to attribute the latter entirely to the original injury. He is clear that this is not always an association he can support.

Why this matters: Where ASD, ADHD or other neurodevelopmental difficulties are present, the expert may need to consider whether the evidence genuinely supports a causal relationship.



Paediatric neurology may be the beginning of the expert evidence, not the end

Dr Majumdar explains that paediatric neurologists can often provide the initial assessment but may not be the appropriate expert to give detailed opinions on areas such as neuropsychological development, communication, care or accommodation. Their opinion can therefore lead into a broader multidisciplinary team of experts.

Why this matters: A paediatric neurological opinion can help identify which additional disciplines are genuinely required as the case develops.

His biggest request to solicitors: conciseness and clarity

Asked what single thing he would want solicitors to remember, Dr Majumdar's answer was “conciseness and clarity.” He recommends precise questions and, where possible, organising or summarising very large bundles into relevant sections. He says this not only saves time but helps the expert focus on the evidence most important to answering the questions asked.

Why this matters: Focused instructions and well-organised records can help the expert concentrate on the evidence that matters to the opinion.

About Dr Anirban Majumdar

Dr Majumdar is a Consultant Paediatric Neurologist at Bristol Royal Hospital for Children, with more than 24 years' experience in paediatrics and almost 20 years' experience as an independent expert witness, advising both Claimant and Defendant solicitors in complex neurological and birth injury cases.

Want to hear the discussion in full?

Watch INNEG's recent webinar with Dr Majumdar for his full discussion on neurological development, causation, prognosis, expert evidence and his experience of giving evidence in court.

Watch the Full Webinar >

Stronger Cases Start with the Right Medical Expert

INNEG's Birth Injury Expert Witness Panel includes **6,565 experts,** giving solicitors access to specialists across the disciplines commonly required in complex birth injury and paediatric neurological claims.

Our panel includes experts in:

- Midwifery - **49 experts**
- Obstetrics, including fetal and maternal medicine - **70 experts**
- Neonatology - **62 experts**
- Paediatric Neurology - **87 experts**
- Paediatric Neuropsychology - **92 experts**
- Paediatric Neuroradiology - **23 experts**
- Paediatric Neurosurgery - **41 experts**
- Paediatric Neuropsychiatry - **22 experts**
- Paediatric Surgery - **49 experts**
- Neurorehabilitation - **18 experts**

Where a case requires a multidisciplinary approach, we can help identify the right combination of experts to address breach of duty, causation, imaging and radiological findings, neurological outcome, cognition and behaviour, rehabilitation needs, condition, and prognosis. This is particularly important in claims where a child's presentation continues to evolve and different expert evidence may be needed at different stages of the case.

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