

**Midwife's management of labour of young
woman who felt left out of "communication loop"
(01HDC05774, 27 June 2003)**

*Independent midwife ~ Standard of care ~ Communication with other
specialists ~ Communication with patient ~ Labour ~ Meconium ~ CTG
monitoring ~ Rights 4(1), 4(2), 5(1)*

A woman complained about the services provided by an independent midwife who failed to assess, diagnose, and act on her symptoms after week 39 of her pregnancy.

The Commissioner held that the woman's midwife did not breach Right 4(1) because: (a) she provided appropriate care during the latter part of the antenatal period, was involved in closely monitoring the woman's labour, and communicated appropriately with, and took direction from, the consultant obstetrician; (b) throughout the woman's labour the midwife closely monitored her, identified concerning signs such as the meconium-stained liquor and the unsatisfactory CTG trace, and sought specialist advice, and there was no suggestion that she failed to recognise, record or communicate relevant clinical signs; (c) she was not responsible for the decision to proceed to a vaginal delivery and so was not accountable for the failure to explain the risks and benefits; (d) in relation to the care she provided to the baby following delivery, the midwife appropriately prioritised her actions when faced with a multiplicity of tasks required for the safety of the baby, and the fact that the baby suffered meconium aspiration was not due to the midwife's inability to suction the baby immediately following delivery; and (e) even though the woman felt she was left to manage on her own after giving birth, it was appropriate that attention was focused on the baby instead.

However, the midwife breached Right 4(2) by failing to raise the issue of ongoing responsibility for care in a three-way discussion with the woman and the specialist. The woman felt left out of the "communication loop" and disempowered throughout her labour, and the midwife breached Right 5(1) by not communicating with her effectively and keeping her well informed; there was no evidence of systematic attempts to engage the woman collaboratively in the decision-making process or to keep her informed about the progress of the labour, or the respective ongoing roles of midwife and specialist, as the management decisions unfolded.

The Commissioner commented that while a Senior Lecturer in Paediatrics took a different view of the midwife's management, he was satisfied that the midwifery advice, which was direct peer evidence, reflected standards expected within the midwifery profession. However, it is desirable to have another person present at the delivery to assist the midwife, so as to avoid a situation where actions have to be prioritised; where meconium is noted in the liquor during labour, a member of the paediatric team should attend the delivery.