Monitoring during labour
(12HDC00999, 12 June 2014)

Midwife ~ Lead maternity carer ~ Primary care unit ~ BMI ~ Blood pressure ~ Maternal monitoring ~ Meconium ~ Right 4(1)

A woman, who was pregnant with her first child, booked with a lead maternity carer (LMC) midwife when she was 25+3 weeks' gestation. The midwife documented the woman's height and weight during her first booking appointment. Although the LMC did not calculate the woman's BMI she assessed her to be obese but considered it appropriate for the woman to birth at a primary care maternity unit run by midwives.

The woman went into spontaneous labour when she was 40+6 weeks' pregnant and went to the primary care unit. A core midwife took the woman's blood pressure which she noted to be high.

The LMC arrived at the maternity unit approximately thirty minutes later and assessed the woman, noting that her cervix was 8cm dilated and rechecked the woman's blood pressure. The patient then went outside for approximately one hour and thirty minutes. During this time no monitoring was carried out.

Following the woman's return the LMC performed an artificial rupture of membranes, noting thin meconium and blood. The fetal heart rate was intermittently auscultated with a hand held doppler device and considered to be satisfactory but the midwife did not carry out any further maternal observations. A repeat vaginal examination was carried out about one hour later and the LMC noted that labour had not progressed.

A further vaginal examination was performed an hour later which again showed no progress of labour. The LMC was considering transfer to hospital when a decrease in the fetal heart rate was noted. The LMC consulted with the hospital secondary care team and the woman was transferred to hospital. An emergency Caesarean section was performed. However the baby was delivered with no signs of life. Sadly, resuscitation was unsuccessful.

It was held that by failing to monitor the woman's blood pressure and pulse appropriately during labour, and failing to monitor the fetal heart rate for a one and a half hour period, the LMC did not provide services with reasonable care and skill and breached Right 4(1).

Adverse comment is made that the presence of thin meconium-stained liquor, coupled with the slow progress noted, should have prompted increased fetal heart rate monitoring and discussion with the woman about the appropriateness of delivering at the primary care unit. Adverse comment is also made about some aspects of the LMC's antenatal assessment processes and a lack of detail in some of her documentation.

It is not the Commissioner's role to make findings of causation and in this case the breach findings against the midwife should not be interpreted as having any implication as to the cause of this baby's death.