Midwifery care provided during labour
(12HDC00214, 25 February 2014)

Midwife ~ Lead Maternity Carer ~ Labour ~ Assessment ~ Monitoring ~ CTG ~ Communication ~ Professional Standards ~ Rights 4(1), 4(2)

A woman in the ninth week of her second pregnancy had her first antenatal appointment with her LMC midwife. The woman's first pregnancy had resulted in an emergency caesarean section delivery because of her failure to progress in labour, and fetal distress.

The midwife provided the woman with information relating to vaginal delivery after caesarean section, and advised her that her antenatal care would comprise both obstetrician and midwifery care. The woman saw an obstetrician at the hospital, who advised the woman that she should have continuous monitoring throughout her labour. The midwife saw the woman regularly and the pregnancy progressed normally.

The woman was admitted to hospital in the early stages of labour at 3:15am in her 38th week of gestation. Upon admission, CTG monitoring commenced. The monitor indicated some fetal heartbeat irregularities — decelerations with slow recovery.

The midwife arrived at the hospital at 3.35am and assessed the woman, taking her baseline recordings of temperature and pulse rate. At that time, the midwife noted a late deceleration of the fetal heart rate on the CTG, with good recovery. At 4am, the midwife disconnected the CTG monitor. She stated that she did so because she considered that the fetal heart was showing "good variation" and the woman's uterine contractions were irregular and mild. The midwife continued to intermittently assess the FHR which, by 10:45am, was noted to have dropped to between 121bpm and 128bpm.

At 11am, the midwife observed that the baby's head had descended to the perineum, but the woman was exhausted. The midwife called for an obstetrician, who assessed the woman and stayed to assist the midwife with the delivery. At 11.45am, the obstetrician applied a ventouse suction cup to the baby's head and delivered the baby. The baby was flat on delivery, with concerning Apgar scores. The paediatric team was called, and the baby was resuscitated and transferred to the Hospital's Special Care Baby Unit.

Later that day the baby was airlifted to another hospital's Neonatal Intensive Care Unit but, despite full intensive management, the baby died shortly after.

It was held that the midwife did not fulfil the following responsibilities: adequate assessment of the woman; continuous CTG monitoring; discussion with the woman about the decision to cease monitoring; recording of her rationale for ceasing CTG monitoring; adequate monitoring of the fetal heart rate; and adequate communication with the woman. The midwife failed to provide services with reasonable care and skill and, accordingly, breached Right 4(1).

By failing to document significant events, discussions and decisions, the midwife did not meet professional standards. The midwife's inadequate and misleading records were a breach of professional standards and, accordingly, she breached Right 4(2).

The Director of Proceedings filed proceedings by consent against the midwife in the Human Rights Review Tribunal. The Tribunal issued a declaration that the midwife breached Right 4(1) by failing to provide services with reasonable care and skill, and breached Right 4(2) by failing to provide services that complied with legal, professional, ethical, or other relevant standards.