

## **Intrauterine contraceptive device fitted to pregnant woman**

**(03HDC16721, 15 October 2004)**

*General practitioner ~ Obstetrics ~ IUCD contraindications ~ Standard of care ~ Right 4(1)*

In 1999, during her second pregnancy, a 19-year-old woman was referred by her usual doctor to another GP, as he did not practise obstetrics. The woman's pregnancy and birth were uncomplicated and, in August 1999, the second GP inserted an intrauterine contraceptive device (IUCD). In May 2001, the woman visited the GP again for an antenatal visit for her third pregnancy. She had become aware of her pregnancy only in its late stages and was suffering from regular bleeding, which she described as menstrual bleeding, every 27–29 days. The GP could not find the IUCD he had inserted in 1999. This pregnancy was relatively normal, and the woman's baby was born without complications in July 2001.

Another IUCD was fitted in October 2001 and then replaced in December 2001 as it had fallen out. The woman returned to her usual GP until January 2003, when she was referred back to the second GP for an IUCD insertion. From the referral letter the GP believed that the woman was using other forms of contraception. He fitted another IUCD in May 2003, at which time the woman was approximately 33 weeks pregnant, although unaware of it. She had been menstruating regularly as with her previous pregnancy. No pregnancy test was carried out prior to the insertion of the IUCD, and the GP did not ask about her menstrual dates. In June 2003, the woman experienced sudden abdominal pain at home and gave birth to a male baby on her bathroom floor. The baby died shortly after birth. A few days later the woman became ill and was admitted to an intensive care unit with puerperal sepsis. After several days' care and an operation to evacuate her uterus, the woman recovered. She complained about the circumstances surrounding the placement of her IUCD in May 2003.

It was held that the GP should have been aware of the woman's uncertain contraceptive history, and been especially vigilant when assessing her pregnancy status. The GP knew that the woman had felt no fetal movements until late in her pregnancies, had previously conceived with an IUCD in situ, and had reported menstrual bleeding throughout her last pregnancy.

The GP relied only on his physical examination to assess the appropriateness of inserting an IUCD. Both the Commissioner's independent advisor and the ACC advisor noted that this did not constitute a good standard of care. The GP later acknowledged that his test was unreliable. The GP was found in breach of Right 4(1) in not taking a comprehensive history or appropriately assessing whether the woman was pregnant prior to inserting the IUCD.