

Care of baby with Group B Streptococcus septicaemia (04HDC04456, 15 November 2005)

Midwife ~ Medical officer ~ Emergency department ~ Group B Streptococcus meningitis ~ Newborn ~ Fever ~ Failure to feed ~ Protocol ~ Mother/baby obstetric records ~ Vicarious liability for service ~ District health board liability for funded service ~ Right 4(1) ~ Section 72, Health and Disability Commissioner Act

A woman complained about the care provided to her four-week-old daughter by her midwife and an emergency department medical officer. The baby was taken to the emergency department as she was feverish and had not been taking her feeds well for about 24 hours. The medical officer conducted a full neurological examination of the baby, as well as cardiovascular, respiratory and abdominal examinations. During the course of his examination of the baby, he picked her up out of her baby-carrier to evaluate her back and extremities. She appeared well and the medical officer could find no evidence of any abnormality. He considered that her symptoms could be due to the significant summer heat that the region had experienced over the previous 24 hours. The family was told that they should contact their general practitioner or return to the emergency department if the baby did not improve, or if her condition deteriorated.

The baby's condition did not improve and, later that day, the mother telephoned the midwife to discuss her concerns. The midwife visited and helped to cool and settle the baby. The following morning the baby was taken to a health centre, where she was seen by the general practice locum. The baby was then admitted to hospital and diagnosed with severe sepsis and meningitis. A CT scan showed severe brain damage.

It was held that the medical officer's care was not of an appropriate standard, and constituted a moderate departure from accepted standards. He did not adequately assess the baby, obtain the level of detail he needed to establish the seriousness of her symptoms or keep her in the emergency department long enough for thorough observation. The baby had an elevated temperature, but the medical officer did not follow the hospital's guidelines for the treatment of febrile children and order tests to establish the focus of the infection. He was also unrealistic in his expectations that the family would be able to determine when the baby's condition deteriorated and seek appropriate and timely medical assistance. In these circumstances, he did not provide medical services with reasonable care and skill and breached Right 4(1).

It was also held that the earlier emergency department visit was not an adequate reason for the midwife to fail to take the precautionary steps of contacting the paediatric team or sending the family back to the hospital. The midwife did not fulfil the standard of reasonable care and skill expected of a midwife in such circumstances, and therefore breached Right 4(1).

The district health board was potentially vicariously liable for quality failures in a funded service (the contracted emergency department clinic) delivered in the hospital campus, but it had taken reasonable steps to orientate and supervise the medical officer.