

**Death of baby from intracranial  
haemorrhage following trial of forceps delivery  
(00HDC09324, 8 August 2002)**

*Obstetrician ~ LMC ~ Standard of care ~ Forceps delivery ~ Effective communication ~ Information about risks ~ Rights 4(1), 5(1), 6(1)(b)*

A lawyer complained on behalf of a couple that an obstetrician used Kielland's forceps to attempt delivery of the woman's baby. The baby was a mid-cavity (station +1) occipito posterior presentation, and the couple alleged that the decision to use forceps was inappropriate because it is a high-risk delivery method, there were no indications of fetal or maternal distress to indicate the delivery needed to be expedited, and the attempt did not take place in an operating theatre with ready access to an emergency Caesarean section should it prove unsuccessful. The couple complained that the baby died from an intracranial haemorrhage caused by the use of forceps, and that the obstetrician did not advise them about the different options available for delivering the baby, or communicate effectively with them during the delivery.

The Commissioner obtained independent expert advice from two obstetricians, and reasoned that even though the forceps delivery did not take place in an operating theatre, it was abandoned appropriately and there was no undue delay in converting the forceps delivery to a Caesarean. Although the outcome was tragic, and the post-mortem report concluded that the baby died from the trauma and resultant haemorrhage that occurred during the attempted forceps delivery, the obstetrician did not breach Right 4(1) because the decision to proceed to a trial of forceps was entirely appropriate and clinically justifiable.

Further, the obstetrician, as a locum lead maternity carer, was unaware of the woman's concerns about a forceps delivery, so could not take appropriate steps to address them. Labour and birth can be an unfamiliar and stressful situation for first-time parents, and this complicates communication and comprehension. In this case, there was no breach of Right 5(1) because the obstetrician took reasonable steps in the circumstances to communicate what was happening and why.

It is not common practice to discuss the potential risks of forceps delivery in depth, as they are rare. It is usual to advise that assisted vaginal delivery can fail and that Caesarean section may be required, and that an episiotomy is likely for a mid-cavity rotational forceps delivery. The obstetrician did not breach Right 6(1)(b), as such information had been communicated and met the standard of disclosure that a reasonable person, in the woman's circumstances, would expect to receive, and is entitled to.