

Management of labour and delivery of baby with shoulder dystocia (06HDC02099, 28 September 2007)

Obstetric registrar ~ Midwife ~ District health board ~ Shoulder dystocia ~ Fetal distress ~ Non-reassuring CTG ~ Pain relief ~ Care plan ~ Information about transfer ~ Right 4(1)

A couple complained about the adequacy and appropriateness of the antenatal and intrapartum care provided to them by a lead maternity carer midwife (LMC), an obstetric registrar, and a public hospital, and the adequacy of the information provided to them about labour options, including epidural anaesthesia for pain relief.

The couple's baby was born severely compromised following a Ventouse delivery for shoulder dystocia. There was some cardiotocograph (CTG) evidence that the obstetric registrar missed signs of fetal compromise some time before delivery. At birth the baby had the cord wound tightly around her neck.

It was held that shoulder dystocia could not have been predicted and that the obstetric registrar managed the unexpected situation appropriately. The decision to proceed with a vaginal delivery was an appropriate clinical judgement.

The exercise of reasonable care and skill in reading a CTG is an important aspect of good care by an obstetrician. In this case, considering other factors such as the very slow progress and prolonged labour, further investigation was needed. It was held that the obstetric registrar failed to exercise reasonable care and skill and breached Right 4(1) in this aspect of his obstetric management.

The midwife was found to have provided appropriate care and information, and the District health board was found not vicariously liable for the obstetric registrar's breach of the Code.

The report contains comments about midwifery care plans, provision of information about epidural anaesthesia, and the use of pagers in hospital.