Management of labour in light of CTG evidence suggesting fetal compromise (05HDC16711, 19 September 2006)

Obstetrician ~ Midwife ~ Labour ~ Delivery ~ Syntocinon ~ Cardiotocograph ~ Complications ~ Monitoring ~ Fetal distress ~ Caesarean section ~ Rights 4(1), 6(1)

A woman complained about the care provided by an obstetrician during her labour and the delivery of her baby, in particular the use of Syntocinon during the first stage of labour, and monitoring during the second stage of labour. The woman was under the care of the obstetrician and a midwife for her second pregnancy. She had experienced complications during the birth of her first child, resulting in a delivery by emergency Caesarean section due to early warning signs of fetal distress. The woman agreed to a trial of labour for her second child.

The labour was slow and difficult. The first stage of labour was dysfunctional owing to slow progress, and even after Syntocinon was commenced progress still fell short of an accepted "normal" rate.

Some cardiotocograph (CTG) tracings suggested developing fetal hypoxia and should have prompted further testing such as fetal blood sampling and consideration of an emergency Caesarean section. The obstetrician did not recognise these abnormalities, which resulted in an inappropriate delay to effect delivery. The baby was admitted to the neonatal unit shortly after her birth. Her progress was slow and complicated by seizures. She remained in the neonatal unit for two and a half weeks. She was later diagnosed with spastic quadriplegic cerebral palsy.

It was held that the woman should have been repeatedly advised of the risks of using Syntocinon, and been given the option of abandoning the attempt at a vaginal delivery and proceeding to a Caesarean section. Given the baby's position, the lack of progress, and the woman's anxiety about her labour, a reasonable person in her situation would expect to be told of the risks, side effects and benefits of continuing with an induced labour, and the relative risks and benefits of any alternative, which in this case was to proceed to Caesarean section. The woman was not sufficiently informed to be able to make decisions about her care, which constituted a breach of Right 6(1).

It was also held that the obstetrician did not interpret some of the CTG tracings with reasonable care and skill. The abnormal reading should have prompted further investigations and, if necessary, a more urgent delivery. In these circumstances, the obstetrician breached Right 4(1).