Failure to recognise non-reassuring CTG
(11HDC00098, 22 March 2013)

Midwife ~ LMC ~ Meconium ~ Respiratory distress ~ Non-reassuring CTG ~ Rights 4(1), 4(2)

A 22-year-old woman complained about the care provided during labour. She began experiencing pain around 39 weeks into her pregnancy. She contacted her independent midwife and lead maternity carer. The midwife told her that what she was experiencing was normal and instructed her to take paracetamol and to rest.

On her due date, the woman contacted the midwife because she believed she was having contractions. The midwife examined her and told her she was not in labour. Two days later, the midwife examined her again and told her that she was in early labour.

The following day, the woman contacted the midwife, as her contractions were closer together. The midwife agreed to meet her at hospital to conduct a further examination. She started a cardiotocograph (CTG) trace, which she did not interpret as significantly abnormal. A small amount of yellow-green discharge was noted and the midwife sought the advice of the charge midwife. The charge midwife confirmed that the discharge was meconium and noted that the CTG had been abnormal from the beginning. An obstetric registrar attended and also identified the CTG to be abnormal and requested an urgent Caesarean section. The baby was born underweight, diagnosed with respiratory distress and transferred to the neonatal intensive care unit.

It was held that the midwife breached Right 4(1) for failing at the outset to recognise that the CTG was non-reassuring and, for the next hour, continuing to fail to recognise that the CTG was non-reassuring.

The woman had continued to smoke throughout her pregnancy and consequently was at higher than normal risk of having an underweight baby. Accordingly, the midwife should have monitored the fetal growth more closely. The woman also had a long period of latent labour, and the fetal head had not descended into her pelvis, which should have prompted a more thorough assessment once she was in latent labour. In light of these failings, the midwife was found in breach of Right 4(1).

It was also held that the midwife's antenatal documentation was sparse and not recorded sequentially, and some entries were written retrospectively without being identified as such. By failing to document antenatal care in accordance with professional standards, the midwife breached Right 4(2).