

**Management of labour and birth using birthpool  
(04HDC01133, 31 August 2005)**

*Midwife ~ Labour ~ Antenatal care ~ LMC ~ Doppler unit ~ Birthpool ~ Water temperature ~ Fetal tachycardia ~ Meconium ~ Apgar ~ Placenta delivery ~ Catheterisation ~ Record-keeping ~ Right 4(2)*

A woman complained about the services provided by her midwife, who she engaged to deliver her first baby. The woman initially laboured at home. The midwife arranged to leave the woman in the care of her family and friends for five hours during this time, to attend to a personal matter, on the understanding that she could return within 20 minutes if needed. After the midwife's return, the woman transferred to a maternity clinic to continue her labour using the birthing pool and nitrous oxide for comfort and pain relief, and to deliver her baby.

The baby was delivered at the clinic with a heart rate of 60 beats per minute and no respiratory effort. He was resuscitated and transferred to the public hospital neonatal intensive care unit where he was found to have suffered severe neurological damage. A claim to ACC for medical misadventure was accepted on the basis that he had suffered an extremely rare outcome of treatment properly given.

It was held that five hours was a long time not to monitor and assess the woman's labour, and that the midwife did not provide services in accordance with professional standards. Fetal heart rate monitoring was not performed regularly enough, and the midwife failed to adequately monitor the woman and her baby. The midwife's use of the birthing pool during labour was not managed within expected guidelines. By not clearly labelling some of her records as retrospective, she acted contrary to professional standards. These failings each amounted to a breach of Right 4(2).

The matter was referred to the Director of Proceedings. The Director considered the matter and decided not to issue proceedings before the Health Practitioners Disciplinary Tribunal or the Human Rights Review Tribunal.