

**Advice from midwife during labour**  
**15HDC00369, 3 May 2018**

*Midwife ~ Referral Guidelines ~ Information ~ Obstetric referral ~ Right 6(1)*

A woman aged 20 years was pregnant with her first child. She engaged a self-employed midwife as her lead maternity carer (LMC). The pregnancy progressed routinely until approximately 36 weeks' gestation when the woman's blood pressure was noted to be raised. The LMC midwife requested a blood test to determine whether there were signs of pre-eclampsia, but did not offer a referral to an obstetrician.

At 39 weeks' gestation the woman went into labour and met the LMC midwife at a birthing centre. Following a spontaneous rupture of membranes the labour continued but the woman became very distressed. The LMC midwife offered the woman the option of transferring to hospital, but this was declined.

After the woman had laboured for a number of hours, the midwife asked a birthing centre midwife for assistance and for a second opinion. The birthing centre midwife assessed the woman's progress and said she discussed transferring to hospital with the woman, and also the option of obstetric consultation. The discussions were not documented, and the woman and her partner said they were not told by either midwife that there was any concern about the lack of progress in labour.

The labour continued for some time until eventually the LMC midwife considered that the situation was no longer primary and required obstetric consultation.

The woman was transferred to hospital and care handed over to the obstetric team. Following an attempted Ventouse delivery, a Caesarean section was performed and a baby boy was delivered. The woman suffered a post-partum haemorrhage and, despite attempts to arrest it, bleeding continued. As the woman was haemodynamically unstable a hysterectomy was performed as a life-saving measure.

### **Findings**

It was found that the LMC midwife failed to discuss the requirements of the Ministry of Health Guidelines for Consultation with Obstetric and Related Medical services (*Referral Guidelines*) with the woman when her blood pressure increased antenatally. The LMC midwife also did not discuss the recommendation in the *Referral Guidelines* for an obstetric consultation in light of the woman's slow progress in labour and the risks that the slow progress could pose to her and her baby. As this was information a reasonable consumer would expect to receive, it was found that the LMC midwife breached Right 6(1).

Adverse comment was also made about the birthing centre midwife, who should have communicated clearly about the *Referral Guidelines* and the options available. These discussions should have been documented. Adverse comment was also made about the DHB for not undertaking a formal review of the event.

### **Recommendations**

A number of recommendations were made to the LMC midwife, including a Special Midwifery Standards Review and that she undergo training on the *Referral Guidelines* and on documentation. It was also recommended that the Midwifery Council of New Zealand consider undertaking a review of the LMC midwife's competence.