

Failure to undertake red eye reflex screening
15HDC00661, 14 June 2017

District health board ~ Midwife ~ General practitioner ~ Vision screening ~ Red eye reflex test ~ Cataract ~ Right 4(1)

A baby was born at a public hospital. The Ministry of Health Well Child/Tamariki Ora (WCTO) Programme Practitioner Handbook states that red eye reflex screening (the accepted screening test for early detection of significant eye abnormalities) using an ophthalmoscope should be undertaken at birth or up to seven days of age, and definitely by the six-week assessment. The vision screening to be undertaken at the six-week Well Child assessment should also include red eye reflex screening.

The baby's red eye reflex was not checked during her time at the public hospital. She was discharged when she was six days old, and her care was then provided by a registered midwife. There was no clear communication to the midwife that the red eye reflex screening had not been done in hospital.

It was not until the midwife's fourth postnatal visit with the baby and the baby's mother, when the baby was 33 days old, that the midwife realised that the baby's red eye reflex had not been tested. The midwife then undertook this screening. The midwife believed that she saw the red eye reflex and documented accordingly.

A general practitioner saw the baby for her six-week check. When the GP performed the vision assessment he checked only the corneal reflexes,¹ and did not use an ophthalmoscope. The GP documented that the baby had passed her vision assessment.

The GP saw the baby for her three-month check, and checked the baby's corneal reflexes on this occasion. However, he did not check the red eye reflex.

The baby's mother took the baby to see the GP because of her concerns that the baby was not focusing on people's faces, and that her "wandering eye" had become worse. The GP noted that the baby had evidence of a squint. He checked the corneal reflexes on this occasion (not the red eye reflex), and did not use an ophthalmoscope.

The next day, the GP sent a referral to the district health board (DHB) ophthalmology department marked urgent, and noted: "3 month old baby with significant squint and concern about vision." The GP included notes from the consultation the previous day (including notes stating "light reflexes fine"). As the referral letter stated that the baby's light reflexes were normal, the referral was assigned priority B.

The baby was subsequently given an appointment with an ophthalmologist. She was diagnosed with a cataract and underwent surgery to remove the cataract the following day.

¹ This can be used to assess eye symmetry.

Findings

Staff at the DHB failed to test the baby's red eye reflex while she was in the public hospital, and the DHB did not have adequate systems in place to communicate whether or not the testing had been carried out. The DHB did not provide services to the baby with reasonable care and skill, and breached Right 4(1).

The midwife missed an opportunity to review documentation carefully and query whether the red eye reflex test had been done.

The GP failed to check the baby's red eye reflex at the six-week and three-month checks, failed to undertake a red eye reflex examination with an ophthalmoscope when it was clinically indicated, and, accordingly, wrote an inappropriate referral. In these circumstances, the GP did not provide services to the baby with reasonable care and skill, and breached Right 4(1).

Recommendations

The Commissioner recommended that the DHB provide a written apology to the baby's parents, provide HDC with a copy of its updated policy regarding newborn care responsibility, and an update on compliance with internal documentation requirements.

In the provisional opinion, the Commissioner recommended that the GP provide a written apology to the baby's parents. The GP has undertaken to comply with this recommendation.

The Commissioner recommended that the GP undertake a review of current best practice with regard to red eye reflex assessments, and that the Medical Council of New Zealand consider whether a review of the GPs competence is warranted.

The Commissioner noted that currently the Ministry of Health is undertaking policy work on the content and timing of the WCTO schedule, and newborn vision screening (including the red eye reflex component) will be covered as part of this work. He recommended that, as part of this work, the Ministry of Health consider working with stakeholders to achieve consensus on the timing and performance of red eye reflex testing, as well as the training and equipment requirements for red eye reflex testing.