

**Antenatal and intrapartum care provided by midwife
(05HDC17106, 24 April 2007)**

*Independent midwife ~ Lead maternity carer ~ Shoulder dystocia ~ Standard of care
~ Failure to consult ~ Documentation ~ Rights 4(1), 4(2)*

A 31-year-old woman complained about the care provided before and during the birth of her first baby, by her lead maternity carer (LMC).

The woman was admitted to a major public hospital maternity unit by a hospital midwife. The LMC arrived 45 minutes later and took over care. She performed an ARM (artificial rupture of membranes) and noted an episode of marked fetal bradycardia on the CTG trace. The obstetric team was advised and reviewed the woman.

After 1½ hours of minimal progress and apparently normal fetal heart recordings, the midwife contacted the obstetrician on call to discuss commencing Syntocinon to augment the labour. The CTG trace at this time was non-reassuring. However, the midwife did not recognise this and commenced the Syntocinon. Two hours later the baby's head was delivered but the delivery was impeded by shoulder dystocia. The midwife performed the appropriate manoeuvres to attempt to deliver the baby, but delayed nine minutes in calling for back-up when she was unsuccessful. The obstetrician delivered the baby within two minutes and the baby was provided with advanced resuscitation by the neonatal paediatrician. The baby was diagnosed as having Grade II hypoxic ischaemic encephalopathy.

It was held that the midwife did not manage the later stages of the labour appropriately. Her instigation and monitoring of Syntocinon was unsatisfactory, and she failed to identify and act on signs of fetal distress. It is usual practice for a midwife encountering a suspected or actual shoulder dystocia to try to facilitate the birth and telephone for assistance at the same time. She did not exercise reasonable care and skill and failed to comply with professional midwifery standards and professional standards for documentation, and therefore breached Rights 4(1) and 4(2). The midwife's antenatal care was considered to be adequate and appropriate, and not in breach of the Code.