

Case: 201102717, Greater Glasgow and Clyde NHS Board - Acute Services Division

Sector: health

Subject: clinical treatment; diagnosis

Outcome: not upheld, action taken by body to remedy, no recommendations

Summary

Mrs C went into labour in the early hours of the morning. She telephoned the maternity assessment unit and was advised to attend. After an assessment and test, the midwife told Mrs C that she was in early labour. She was discharged and advised to return to the unit at 12:00 that day. Shortly after arriving home, Mrs C called the unit again as her contractions were increasing and she was becoming more distressed. The midwife advised her to attend the unit. While getting dressed to go there, Mrs C felt her baby's head appear. Her husband helped deliver the baby and they were transferred to hospital by ambulance shortly afterwards.

Mrs C complained that the board put her and her baby's health at risk because of the quality of midwifery service provided. She was unhappy that staff could not find her health records when she first arrived at the unit. She was also unhappy at being advised to return home despite not feeling well due to having bad and regular contractions which were every five minutes. Mrs C said that the midwife had told her that, although she was in early labour, she should not give birth within the next 12 hours.

Mrs C also complained that, when she called the hospital again shortly after returning home she said that she was bleeding and involuntarily pushing. She said she was told that she was probably in early labour but could come to the hospital if she wished. Mrs C also raised concerns that the placenta was not removed before she arrived at the unit.

We took advice from one of our medical advisers, a midwifery specialist. Having looked at all the medical records and the advice given, we considered that it was reasonable for Mrs C to have been discharged. Whilst we had concerns about the midwife's comments regarding whether delivery was likely

within a 12 hour period, we noted that the board have since taken steps to address this by discussing it with the member of staff involved.

Telephone records noted that Mrs C's contractions were increasing and that she was becoming more distressed but it was also noted that there was no reported bleeding or abdominal pain. We also established that, although the midwife did not believe delivery was imminent, Mrs C was offered an ambulance but declined because her husband was going to take her to the unit as soon as she got dressed. We considered that the retained placenta was managed appropriately in terms of the Scottish Emergency Maternity Care Course for non-maternity professionals. This was because Mrs C was stable and there was no evidence of third stage complications, such as haemorrhage.

Overall, although we recognised that Mrs C found events distressing, we concluded that her overall care was reasonable and appropriate.