

SPSO decision report

Case: 201407173, Greater Glasgow and Clyde NHS Board - Acute Services Division
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mr C complained on behalf of his wife (Mrs A) about the board's management of his wife's labour at the Southern General Hospital. He also complained that the board's communication with him and his wife during her admission was unreasonable. His concerns included that the midwife's initial assessment of his wife was incompetent and the obstetrics and gynaecology registrar who became involved in his wife's care unreasonably failed to assess his wife. He said the board unreasonably refused to provide antibiotics for his wife for an existing infection, resulting in his baby having to have antibiotics via cannula (a tube inserted into the body for the delivery of fluid). Mr C was also concerned that when he and his wife first attended the hospital it was unreasonably suggested that they could go home.

We obtained independent medical advice on the complaint from a midwife and a consultant obstetrician and gynaecologist. The midwifery adviser said that the midwife's clinical assessments of Mrs A were competently carried out to best practice standards. The obstetrics and gynaecology adviser said they could see no reason for the obstetrics and gynaecology registrar to repeat the midwife's initial assessment and/or initiate a different management plan for Mrs A.

The midwifery adviser said it was unusual for women to labour so rapidly and because of this there was not an opportunity for the midwife to provide the antibiotics to Mrs A and the treatment was given directly to their baby. The adviser said this was a difficult situation where the clinicians were recommending a treatment plan which Mr C did not agree with and as a result Mrs A did not get the support she required when her labour progressed so rapidly. The obstetrics and gynaecology adviser explained that the antibiotics would need to have been given to Mrs A at least four hours prior to delivery and the postnatal administration of antibiotics by cannula to their newborn daughter was unavoidable.

The midwifery adviser said that as Mrs A was in very early labour when she first attended hospital, following initial assessment, it was reasonable for the midwife to offer that Mr C and his wife either remain at the hospital to see if labour established or go home. We did not uphold Mr C's complaints.