SPSO decision report

Case: **201708266, Grampian NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Decision: some upheld, recommendations

Summary

Ms C was admitted to Aberdeen Maternity Hospital as she had symptoms of preeclampsia (a pregnancy-related condition involving a combination of raised blood pressure and protein in the urine). Ms C complained about decision making in terms of induction of labour, and the care and treatment provided during her labour, including administration of opiate pain relief and the decision that it was appropriate to proceed with a vaginal delivery, rather than a caesarean section. Ms C's baby experienced breathing difficulties following birth, believed to be associated with the opiate pain relief Ms C received, and was cared for by the neonatal team for around five days before they were both discharged home. Ms C also complained that the board's view that her baby's physical and mental development will not be affected by this was unreasonable.

We took independent advice from a consultant obstetrician and gynaecologist (a doctor who specialises in pregnancy and childbirth as well as the female reproductive system). We found that it was reasonable to induce Ms C's labour in the circumstances of her case. The records indicated that appropriate discussions had taken place with Ms C and that she had taken the decision to proceed with induction. Therefore, we did not uphold this aspect of Ms C's complaint.

In relation to Ms C's concerns about care and treatment during her labour, we found that it was reasonable to provide opiate pain relief. We found that the guidance indicates that whilst morphine administration may have significant side effects for mother and baby, these side effects are considered to be short-term. We found that the board had already offered an apology to Ms C in relation to delays in obtaining blood test results and that they had taken steps to improve service in this area. We noted that the blood should have been sent urgently for testing but that the delays were unlikely to have had any bearing on the care and treatment that Ms C received. We also found that it was reasonable to proceed with vaginal delivery in the circumstances, particularly as Ms C's labour had progressed very quickly. However, Ms C's notes indicated that there was a plan made that day for her to have a caesarean section and that the board's local policy on preterm labour and birth indicated that steroids should have been administered as a result. We considered that, in line with the local policy, Ms C should have received steroids. Therefore, we upheld Ms C's complaint about the care and treatment during labour and made further recommendations in this connection.

We took independent advice from a consultant neonatologist (a doctor who specialises in the medical care of newborn infants, especially ill or premature newborns) in relation to the board's view that Ms C's baby would have no long- term effects from the breathing difficulties following birth. We found that the board's view was reasonable as there was no indication of any issues. We did not uphold this aspect of Ms C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Ms C for failing to administer steroids in line with their local policy and that blood tests were not sent as urgent. The apology should meet the standards set out in the SPSO guidelines on apology

available at www.spso.org.uk/leaflets-and-guidance.

What we said should change to put things right in future:

- The local policy should be followed regarding the administration of steroids. If policy is not followed, the reasons for this should be documented in the records. Patients awaiting blood tests for an emergency caesarean section or with severe preeclampsia in labour ward should have bloods sent as urgent.