

## SPSO decision report

**Case:** 201709304, Lothian NHS Board - Acute Division  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** not upheld, no recommendations

### Summary

Mrs C complained about the care and treatment which she received during her pregnancy at the Royal Infirmary of Edinburgh. She had attended for a check-up where her baby's heartbeat was checked and blood tests were taken. Mrs C said that a nurse said that she might have an infection, but sent her home without medication. Mrs C then developed acute back pain and returned to hospital where she was admitted. Mrs C's condition deteriorated and she developed abdominal pain and was placed on a monitor. There were signs of fetal distress and it was decided to proceed to caesarean section (an operation to deliver a baby involving cutting the front of the abdomen and womb) where her baby was born. Mrs C then suffered a massive bleed and a hysterectomy (a surgery to remove the womb) had to be performed. Mrs C complained that there had been a delay in deciding to proceed to caesarean section and that antibiotics should have been prescribed earlier which would also have stopped her suffering from sepsis (a blood infection).

We took independent advice from a consultant obstetrician (a doctor who specialises in pregnancy, childbirth and a woman's reproductive system) and we found that Mrs C had received a reasonable standard of care and treatment. We found that staff adopted a conservative approach initially to establish if Mrs C would be able to deliver naturally and they kept her under observation. When it became clear that there were signs of fetal distress then it was appropriate to move to a caesarean section. There was no evidence of any delay and the caesarean section was carried out to an acceptable timescale. There was also no evidence that antibiotics should have been administered to Mrs C at an earlier stage and they were provided when she showed symptoms of infection. We also found that, when it was realised that Mrs C had suffered a bleed, staff acted appropriately in accordance with the national guidance that in such cases staff should resort to hysterectomy sooner rather than later. While we noted that the decision to proceed to hysterectomy appeared to be taken by a single consultant, it would have been normal practice to have a discussion with a senior colleague if appropriate. That said, the decision to proceed to hysterectomy was appropriate and completed in a timely manner. We did not uphold the complaints.