SPSO decision report

Case: **201901919, Lothian NHS Board - Acute Division**
Sector: Health
Subject: clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

C complained that the board failed to carry out further tests when they became aware of the fact that their partner (A) had polyhydramnios (excess amniotic fluid) during pregnancy before giving birth to their baby (B). B was diagnosed with Noonan Syndrome (a genetic disorder that causes a wide range of features, such as heart abnormalities and unusual facial features) after birth. C considered that, if the board had carried out further tests, this may have led to the detection of Noonan Syndrome prior to the birth of B.

We took independent advice from a consultant obstetrician and gynaecologist (a doctor who specialises in the female reproductive system, pregnancy and childbirth). We found that the board's staff followed recognised practices when carrying out ultrasound scans and assessing the unborn child. During the 30th week of A's pregnancy, polyhydramnios was first raised as an issue. At that time it was a mild case and no abnormalities were identified with the foetus. By the 36th week of A's pregnancy, polyhydramnios had increased to a moderate case. We found that, whilst polyhydramnios is a feature of Noonan Syndrome, it can be caused by a number of other factors, and no other features of Noonan Syndrome were present. We found that there was no indication for an amniocentesis (a test offered during pregnancy to check if the baby has a genetic or chromosomal condition) to be carried out. If an amniocentesis had been offered, Noonan Syndrome would not have been identified, unless a specific test for this had been carried out. We did not uphold this complaint.