

## SPSO decision report

**Case:** 201909210, Fife NHS Board  
**Sector:** Health  
**Subject:** Clinical treatment / diagnosis  
**Decision:** not upheld, no recommendations

### Summary

C complained that the care and treatment provided to their partner (A) was unreasonable. During a routine scan around 20 weeks into A's pregnancy, their cervix was found to be short, putting them at risk of miscarriage. A suture (a stitch or row of stitches holding together the edges of a wound or surgical incision) was inserted in their cervix that day. In hospital the following day, it appeared that A's membranes had ruptured and that the decision was taken to remove the suture. A and C were advised their baby was unlikely to survive. They were offered medication to abort the foetus and condolences were given. They chose to continue with the pregnancy and as time passed it appeared that the initial diagnosis had been incorrect. A was monitored for a few days on the ward and was discharged with follow-up arrangements when their condition was deemed to be stable.

At a follow-up appointment a few days after discharge from hospital, the consultant advised that a further suture was required to protect the pregnancy. The procedure was carried out that day. A few weeks after the second suture was inserted, A went into labour and their baby was born three months prematurely.

C complained that the decision to remove the first suture was unreasonable. They also complained that they had been told their unborn baby was dead.

We took independent clinical advice from a consultant obstetrician and gynaecologist (specialist in pregnancy, childbirth and the female reproductive system). We found that in deciding to remove the suture the clinicians were acting in good faith with the information available and in the best interests of the mother, at a stage when the foetus could not survive if delivered. Appropriate discussion took place with the on-call consultant who was in agreement with the instruction that the suture should be removed if there was any sign of ruptured membranes. This is a recognised indication for removal of a cervical suture as it increases the risk of maternal sepsis (blood infection).

Given the likelihood that the patient would go on to miscarry, we found that it was appropriate to offer condolences. We found no evidence in the notes that staff told the patient their baby was dead. The adviser noted that the foetal heart was heard using sonic aid and that the patient reported feeling foetal movements.

Therefore, we did not uphold either complaint.