DAC BEACHCROFT

Bevan Brittan

NHS Resolution

Maternity Claims Data & Early Notification Case Themes

@NHSResolution

The Early Notification Scheme

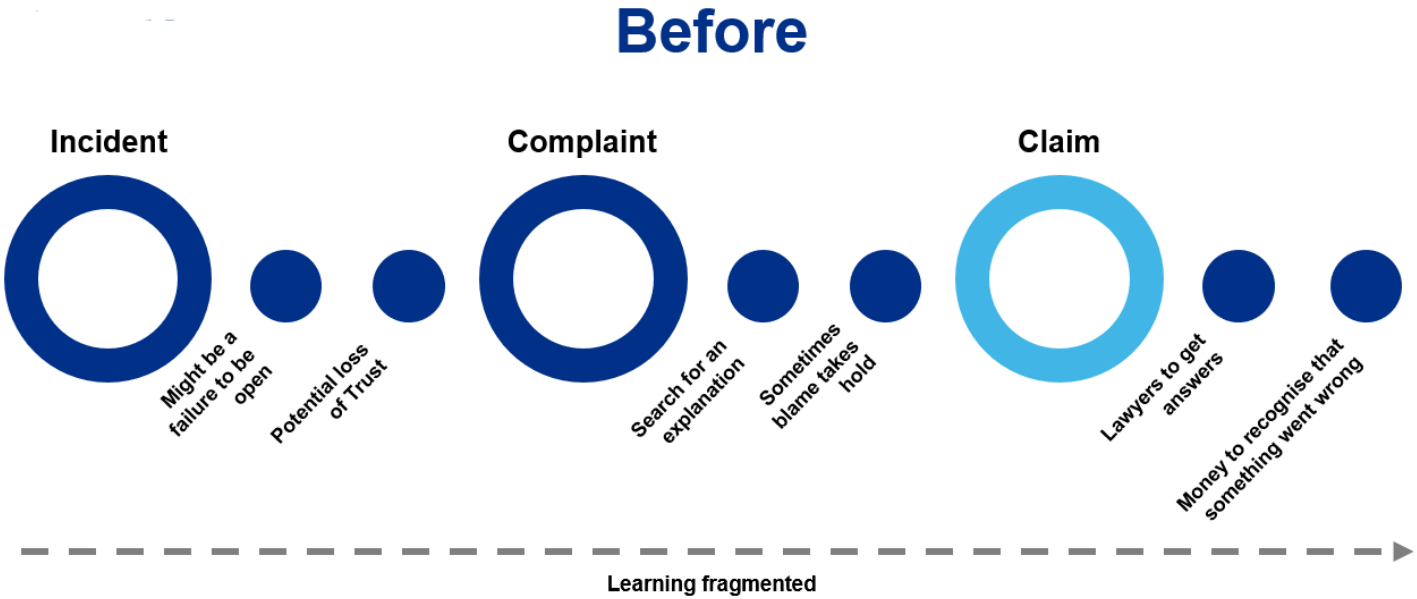
NHS Resolution

NHS Resolution's EN Scheme proactively investigates specific brain injuries at birth for the purposes of determining if negligence has caused the harm.

The scheme was established in April 2017 and aims to:
1. Respond to the needs of families where clinical negligence is identified, through the early admission of legal liability and provision of timely compensation where appropriate, and

2. Help ensure that steps are taken to learn when things have gone wrong, to improve maternity care as well as sharing good practice.

Our role – getting closer to the incident



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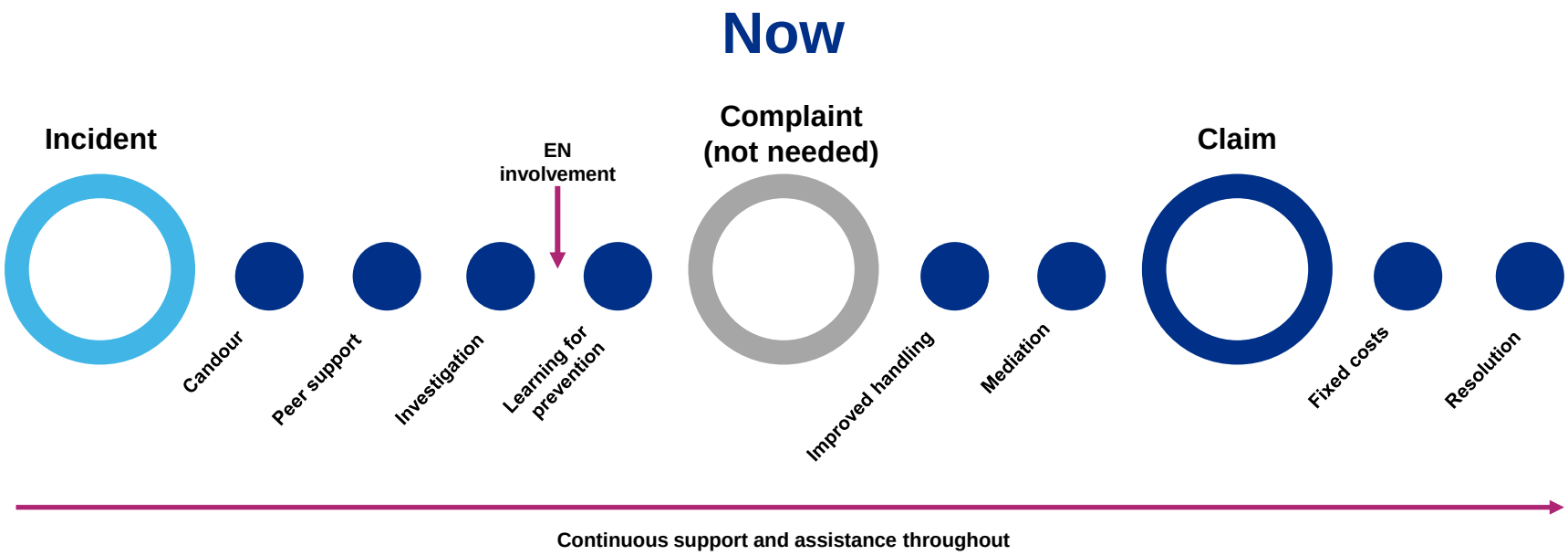

Source: Five years of cerebral palsy claims: a thematic review of NHS Resolution data

Learning from the Early Notification Scheme

Delay in birth:

- Loss of situational awareness – loss of sense of accumulation of time
- Impacted fetal head

Fetal monitoring:

- Delay in recognition and/or escalation
- Delay in acting on an abnormal/pathological CTG or abnormal fetal heart on intermittent auscultation
- Guidelines for monitoring not followed

The following slides include vignettes that are examples of these themes, based loosely on cases from Kennedy's and presented at the SE learning event, but are also reflective of learning identified from legal claims in the SW

Source: The second report: The evolution of the Early Notification Scheme (Sept 2022) & Beyond

Trust A: Impacted Fetal Head

Facts:

- P0+0. T+4 low-risk MLC.
- Uneventful 1st stage of labour until 8cm dilated, when oxytocin infusion commenced due to lack of progress
- **2hrs later:** 9cm, contractions 4-5:10. CTG suspicious.
- **2hrs later:** Anterior lip of cervix, contractions 3:10. CTG suspicious. Plan to increase oxytocin and review in 1hr
- **1hr later:** fetal bradycardia on CTG. VE: anterior lip, head 'at spines ++caput' USS confirmed direct OP. FHR recovered after 5 minutes but CTG remained suspicious. Decision for cat 2 C/S
- **Operation commenced:**
- **3 mins:** 1st attempt to deliver head. Attempt to push up head vaginally unsuccessful.
- **8 mins:** GTN administered. Further attempt to push up head vaginally unsuccessful. Consultant bleeped.
- **12 mins:** Consultant attended. Terbutaline given. Uterine incision extended upwards.
- **14 mins:** Baby delivered in breech position.
- Baby diagnosed with HIE and cerebral palsy, with ongoing care needs

Trust A: Impacted Fetal Head

Actions:

1. Importance of whole system approach
2. Skills training
3. Staffing levels

Trust B: Fetal Monitoring; Delay in Escalation

Facts:

- P0+0 39+5. Low risk pregnancy. Admitted to MAU with constant abdo pain. CTG normal, diagnosed early labour and triaged as suitable for care in MLU and intermittent auscultation (IA)
- Labour progressed, continued constant abdo pain; no abdo palpation performed.
- IA identified drop in baseline FHR from 145bpm to 120bpm
- Mother into pool. FHR 90bpm on IA
- Next FHR 90bpm but not auscultated for full minute after contraction. Remained in pool
- Fetal bradycardia ongoing on next IA. Obstetric review required but delay in getting out of pool and transfer to labour ward
- Baby subsequently born in poor condition. Later diagnosed with cerebral palsy

Trust B: Fetal Monitoring; Delay in Escalation

Actions:

1. Abdominal examination on admission to Midwifery Led Unit (MLU) + CTG
2. Deceleration + Further consideration of CTG
3. Prolonged Bradycardia + Prioritising

Trust C: Fetal Monitoring; Incorrect CTG Classification

Facts:

- P0. Uneventful pregnancy. Spontaneous labour at 37+0. Rapid progress in 1st stage. CTG normal throughout
- Delay in 2nd stage: no descent after 1-hour active pushing from onset of 2nd stage:
- CTG difficult to interpret from onset of 2nd stage: Possible FHR 160bpm with decelerations, possible normal baseline with accelerations. Midwife categorised it as normal. Later review identified CTG as pathological
- Oxytocin commenced as contractions reduced. CTG categorised as normal
- Pushing continued for further 1 hour with no further descent. CTG baseline evident as 165bpm with persistent variable decelerations to120bpm.
- Delivered by cat 2 C/S 45 minutes later
- Baby born in poor condition, requiring resuscitation and diagnosed with severe HIE on MRI

Trust C: Fetal Monitoring; Incorrect CTG Classification

Actions:

1. Protected time for learning
2. Improved CTG interpretation training

Themes

Impacted fetal head and fetal monitoring resulting in delayed delivery

Multiple reasons e.g.

- Delay in recognition
- Delay in escalation
- Delivery Units acuity
- Availability of key staff and communication between staff
- Availability of equipment or delay in abandoning instrumental delivery
- Availability of theatres or overuse of conservative measures
- Loss of situational awareness

EN report recommendations and system level work

National and local level approach for the following:

1. Improving antenatal counselling

- Standardised approach to informed decision-making tools
- Tools for intrapartum fetal monitoring

2. Improving response to harm for families and staff

- Combined efforts of NHS Resolution (including Maternity Voices Advisory Group), NHS England, Maternity and Newborn Safety Investigations (MNSI) programme (hosted by the Care Quality Commission (CQC) since October 2023)
- NHS Resolution Patient Safety Events and Publications

3. Improving collaboration between legal services, maternity teams and risk teams

- Insight from Obstetric Clinical Lead and Director/Head of Midwifery
- Adoption of Patient Safety Incident Response Framework (PSIRF)
- Action plans for improvements agreed and put in place