

Complaint case study for publication on Trust website:

Mrs L contacted us to highlight concerns about the antenatal care she received from the Trust.

Mrs L was initially identified as high risk by her midwife and referred for consultant led care at Maidstone Hospital. This referral was based on the fact that she would be 40 at the time of delivery, she suffered from chronic hypertension (high blood pressure) and there was an extremely strong familial history of pre-eclampsia (a complication of pregnancy characterised by high blood pressure) and stillbirth. Mrs L was only seen by a doctor on one occasion during her pregnancy – a registrar, rather than a consultant. She informed the registrar that she also had an ovarian cyst and understood this would be assessed at her 20 weeks scan. At her 20 week scan, Mrs L was told there was no cyst by the sonographer and there was no record of it from the registrar.

Mrs L raised 3 specific questions to the Trust:

1. Why was she not offered continued high risk management following the appointment with the registrar?
2. Why was information regarding the cyst not communicated effectively to the ultrasound department by the Registrar?
3. Why was she not offered aspirin despite fulfilling multiple criteria for the use of Aspirin in Pregnancy NICE guideline's?

Sadly, Mrs L went on to experience a stillbirth, but praised the care and treatment she received from the staff at the hospital at the time. At the time of making her complaint, Mrs L was pregnant again and acknowledged the high standard of care she was receiving from the Trust for her current pregnancy.

Our findings

The complaint was investigated by a Risk and Governance Manager with a Consultant Obstetrician and the complaint was upheld. The consultant confirmed that given Mrs L's history, she should have been commenced on aspirin and serial scans should have been planned. This has been discussed at length with the registrar involved.

Whilst Mrs L's pregnancy progressed normally and her blood pressure remained within the normal limits, she should have remained under consultant-led hospital care.

Apologies were offered for the concern caused around the cyst that was not visible to the sonographer at the 20 weeks scan. The consultant offered assurance that this cyst did not contribute in any way to the loss of Mrs L's baby.

Unreserved apologies were offered for the short comings in Mrs L's antenatal care. It is clear that she did not receive the correct management, although despite this, her blood pressure remained very well controlled and she did not suffer from hypertension during her

pregnancy. The consultant commented that given this, it is difficult to state with any certainty that the sad outcome would have been different had Mrs L received the correct management.