INVESTIGATION INTO THE DEATH OF BABY HC

COR 2017 3973

RESPONSE OF MERCY HEALTH TO THE RECOMMENDATIONS MADE BY CORONER LEVEASQUE PETERSON

(i) *The hospital finalise and submit the business case for an African Liaison position at the hospital.*

At this point, the business case for the African Liaison position has not progressed to finalisation. This is due to several reasons, including the fact that Mercy Health is currently in the midst of an organisation-wide site-based restructure, and also due to post-pandemic financial constraints. In the meantime, when required, the African Liaison officer from the Heidelberg site can provide assistance.

(ii) *The hospital develops an information package for staff on the roles of support people and how to communicate with them effectively, with guidance on how to escalate issues that may impact safe birthing outcomes.*

The hospital has reviewed the role of support people in labour, and escalation of care has been addressed in the attached procedure, '*Support Persons/Doulas/Privately Practising Midwives in Birthing Suite Guideline*'.

(iii) *The documentation on the partogram should include all findings to allow for accurate assessment and help with recognition of an abnormal labour progress.*

The context in which this recommendation is made is not immediately apparent to the hospital and, in particular, whether it is actually possible to document 'all findings' on a partogram.

The partogram captures the following information:

(a) the maternal obstetric history and the relevant antenatal history for the pregnancy in question;

(b) details regarding the findings of vaginal examinations undertaken;

(c) the progress of labour according to time;

(d) the descent of the fetus through the birthing process;

(e) the continuous monitoring of the fetal heart rate, maternal contractions and the strength of the contractions;

(f) the maternal vital sign observations, as stipulated by the hospital's observation chart for medical review; and

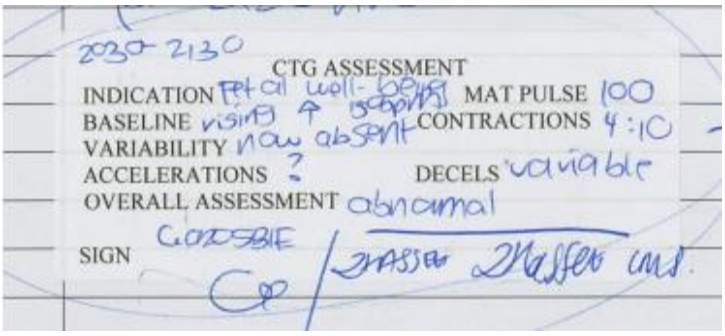
(g) medications used, including those to augment labour, and their relevance to the progress of labour.

A copy of the most recent version of the partogram, together with a copy of the partogram in use at the time of this case, are attached.

(iv) *Consider the use of stickers for the documentation of an abnormal CTG as stipulated in the Intrapartum Fetal Surveillance Clinical Guideline.*

The hospital has reviewed the RANZCOG Intrapartum Fetal Surveillance Guideline, the fourth edition. It cannot locate any comment stipulating the use of stickers to signpost an abnormal CTG on the partogram. Currently, abnormal patterns are reviewed and dated and signed by the reviewer(s). Such an assessment can be undertaken by the placement of stickers in the clinical notes.

Please see the example below, taken from the clinical records relating to baby HC's mother:



(v) *Encourage staff to attend the Fetal Surveillance Education Program offered by RTTANZCOG on a regular basis.*

Mercy Health mandates that all staff within the delivery suite must complete the Fetal Surveillance Education Program, on an annual basis.

The minimum requirement for completing this competency across the delivery suite has been set at 80% for all staff. Our current data suggests that the birth suite staff are sitting well above the level of this competency requirement. There are mechanisms in place to monitor this requirement, and the relevant managers receive a report identifying the status of the staff member's completion of the program, and the level of competency obtained by them.