OBSTETRICS
TOP PATIENT SAFETY RISKS

An analysis of 882 obstetrical malpractice claims that closed from 2007–2014 revealed underlying vulnerabilities that expose doctors to liability and place patients at risk.

WHAT PATIENTS ALLEGE IN OBSTETRICS CLAIMS

These are the most common allegations made by patients in these claims.

22% DELAY IN TREATMENT OF FETAL DISTRESS

- The most common cause of delayed treatment was physician failure to act when presented with Category II or III fetal heart rate (FHR) tracings predictive of metabolic acidemia.

20% IMPROPER PERFORMANCE OF VAGINAL DELIVERY

- Almost half of these causes were brachial plexus injuries due to shoulder dystocia.

17% IMPROPER MANAGEMENT OF PREGNANCY

- These cases included failure to test for fetal abnormalities when indicated and failure to address abnormal findings.

TOP 7 FACTORS CONTRIBUTING TO PATIENT INJURY

Expert physician reviewers analyzed the claims to identify the specific factors that contributed to patient injury.*

34% SELECTION AND MANAGEMENT OF THERAPY

- Patients with past-due delivery dates and large babies were not assessed to determine the safety and likely success of a vaginal delivery.
- Patients with a history of shoulder dystocia were not evaluated or counseled regarding the risks of a reoccurrence and other delivery options.

32% PATIENT ASSESSMENT ISSUES

- Physicians disregarded available information (test results or documented findings in the medical record) and failed to order diagnostic tests for Strep infections, elevated blood sugar, and hypertension.
- Physicians ignored abnormal findings, such as the size of neonates, signs of preeclampsia, glycosuria, and elevated urine protein.

18% TECHNICAL PERFORMANCE

- Examples included injuries related to known risks disclosed to the patient prior to the procedure, such as postpartum hemorrhage, brachial plexus injuries, and punctures or lacerations.

17% COMMUNICATION AMONG PROVIDERS

- Failure to keep other providers updated on a patient's condition may have been due to poor professional relationships and poor rapport.

16% PATIENT FACTORS

- Issues that affected the outcome of care included patients who did not comply with treatment plans or conditions, such as diabetes and preeclampsia.

14% INSUFFICIENT OR LACK OF DOCUMENTATION

- Documentation deficiencies included clinical findings, review of care, clinical rationale for decisions, informed consent discussions, and documentation of adverse events.

14% COMMUNICATION BETWEEN PATIENT/FAMILY AND PROVIDER

- Issues identified included inadequate follow-up instructions, problems due to poor rapport between physicians and patients, and language barriers.
- Lack of informed consent for all treatment options was also identified as a communication problem.

*More than one factor can contribute to patient injury.

TIPS TO HELP AVOID FHR RISKS

- Require periodic training and certification for physicians and nurses to maintain competency and facilitate conversations about FHR tracing interpretations. In addition, both parties should use the same terminology when describing the strips.
- Use technology that allows physicians to review FHR patterns from remote locations so that physicians and nurses are able to see the same information when discussing the next steps in labor and delivery care.
- Physicians who choose to attempt operative vaginal deliveries when faced with Category III FHR tracings indicative of metabolic acidemia should activate the contingency team to be available for an emergency C-section delivery in case the operative delivery fails.
- Foster a safe culture so that caregivers feel comfortable speaking up if they perceive a safety concern. Ensure that the organization has a well-defined escalation guideline.

READ THE FULL STUDY AT WWW.THEDOCTORS.COM/OBSTETRICSSTUDY

Source: The Doctors Company