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Severe asphyxia due to delivery-related malpractice in Sweden 1990-2005.

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OBJECTIVE: To describe possible causes of delivery-related severe asphyxia due to malpractice.

DESIGN AND SETTING: A nationwide descriptive study in Sweden.

POPULATION: All women asking for financial compensation because of suspected medical malpractice in connection with childbirth during 1990-2005.

METHOD: We included infants with a gestational age of ≥ 33 completed gestational weeks, a planned vaginal onset of delivery, reactive cardiotocography at admission for labour and severe asphyxia-related outcomes presumably due to malpractice. As asphyxia-related outcomes, we included cases of neonatal death and infants with diagnosed encephalopathy before the age of 28 days.

MAIN OUTCOME MEASURE: Severe asphyxia due to malpractice during labour.

RESULTS: A total of 472 case records were scrutinised. One hundred and seventy-seven infants were considered to suffer from severe asphyxia due to malpractice around labour. The most common events of malpractice in connection with delivery were neglecting to supervise fetal wellbeing in 173 cases (98%), neglecting signs of fetal asphyxia in 126 cases (71%), including incautious use of oxytocin in 126 cases (71%) and choosing a nonoptimal mode of delivery in 92 cases (52%).

CONCLUSION: There is a great need and a challenge to improve cooperation and to create security barriers within our labour units. The most common cause of malpractice is that stated guidelines for fetal surveillance are not followed. Midwives and obstetricians need to improve their shared understanding of how to act in cases of imminent fetal asphyxia and how to choose a timely and optimal mode of delivery.