Learning from Maternity Claims

Having a baby in the NHS is very safe, however things do occasionally go wrong. This can be devastating for the mother, baby and their family as the harm caused can be severe.

It is vital that we learn and share lessons from these claims so that professionals can improve their clinical practice in the future and prevent harm.

Statistics

Maternity claims represent the highest value and third highest number of clinical negligence claims reported to the NHS Litigation Authority (NHS LA).

The value of a maternity claims can be very high (sometimes more than £6 million) as the amount paid is for on-going care, accommodation and specialist equipment needs.

The NHS funds these settlements by way of a lump sum, followed by annual payments for life. This ensures that the child has financial security and that compensation, which would otherwise be paid upfront, is available for patient care.

Clinical Negligence Claims received 2012/13

- **Number**
  - Orthopaedic Surgery: 29%
  - Obstetrics: 16%
  - Casualty / A & E: 13%
  - Gynaecology: 12%
  - General Surgery: 11%
  - Paediatrics: 5%
  - General Medicine: 5%
  - Psychiatry/ Mental Health: 2%
  - Urology: 2%
  - Other (aggregated specialties): 3%

- **Value**
  - Obstetrics: 42%
  - Orthopaedic Surgery: 17%
  - Casualty / A & E: 10%
  - General Surgery: 8%
  - Paediatrics: 6%
  - General Medicine: 5%
  - Neurology: 4%
  - Psychiatry/ Mental Health: 3%
  - Urology: 1%
  - Other (aggregated specialties): 1%
The NHS LA aims to resolve claims promptly and fairly. Maternity claims can take a long time to fully resolve as needs often cannot be assessed until the child is 5-6 years old. Wherever appropriate, the NHS LA will support an early admission of liability, apology and explanation together with an interim payment of damages until final resolution.

What goes wrong?
The NHS LA has analysed ten years of maternity claims reported from April 2000 to March 2013. Cardiotocograph (CTG) interpretation (fetal heart rate monitoring), and management of labour in which the outcome was that the baby suffered cerebral palsy, accounted for 70% of the total value of all maternity claims.

The study showed that claims relate to:
- CTG interpretation
- Antenatal ultrasound investigations
- Perineal trauma
- Uterine rupture

This report can be found on our website www.nhsla.com

How we intend to help improve safety
- Our aim is to focus the NHS on preventing incidents associated with the management of labour, including those which centre on interpretation of a CTG trace and the timing of caesarean section.
- We share detailed information with the NHS about their claims through our extranet. This provides the NHS with real-time access to their data, enabling them to share best practice.
- We provide support for the NHS through a Safety and Learning Library of resources and bringing together clinicians and specialist experts to form Safety and Learning Advisory Groups to help the NHS learn from and share good practice.
- We financially incentivise those organisations with fewer, less costly claims, thereby encouraging them to reduce harm and improve patient and staff safety.

“Achieving timely and fair resolution, enhancing learning and improving safety.”