

SPSO decision report

Case: 201304301, Greater Glasgow and Clyde NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mr C, who is an advice worker, complained on behalf of his client (Ms A) after the birth of her baby. He said that when Ms A was admitted to Glasgow Royal Infirmary to have the birth of her baby induced, staff did not fully consider her previous medical history, did not provide her with enough pain relief, and failed to adequately repair three tears that she sustained during the birth.

Our investigation, which included taking independent advice from one of our medical advisers, found that Ms A's previous history had been fully recorded. We also found that she was provided with appropriate medication to induce the birth of her child, taking into consideration her previous medical history, and that when she started having painful contractions, Ms A was provided with appropriate pain relief. However, her labour progressed very quickly and when she needed more pain relief, there was not enough time to assess her and provide an epidural (local anaesthetic injected into the spine). It was not safe to her unborn child to provide her with opiates (very strong pain killing drugs). While it was clear from the records that Ms A suffered a painful labour, our adviser said that the care and treatment provided was reasonable, appropriate and timely.

The tears Ms A sustained were repaired by a senior specialist trainee doctor, using local anaesthetic and inserting one or two stitches in each wound. The local anaesthetic had begun to wear off by the time the doctor was repairing the third tear, and Ms A was given the option to continue, or to have more local anaesthetic inserted. This in itself can be painful, and Ms A decided to go ahead without further anaesthetic. She later continued to have problems with pain and what she considered to be an unsightly result of the repair. Two months after the birth she went to an A&E department, where she was examined and referred for reconstructive surgery. Our medical adviser reviewed all the clinical notes from the birth and the reconstructive surgery and found no evidence that the problems Ms A suffered had been caused by poor technique during the original repair. The adviser explained that such tears are fairly common and often require reconstructive surgery some time after a birth. The adviser said that the doctor had used appropriate materials and technique, and there was no evidence of an inadequate repair.