NHS maternity ward negligence surges as midwives fail to listen to mothers

Experts say too many families are being forced to suffer 'heartbreaking' consequences as regulators warn of a deterioration in care

By Laura Donnelly, HEALTH EDITOR

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Claims against the NHS for maternity negligence have risen by over a third in three years, reaching a record high, following a string of scandals.

Official figures show almost 1,400 claims lodged last year - a rise of 37 per cent in three years.

Maternity experts said too many families were being forced to suffer “heartbreaking” consequences of a failure to listen to women, and to learn from repeated scandals.

More than half of maternity units in England are rated inadequate or requires improvement, with regulators warning of a deterioration in care over the last five years.

In total there were 1,392 maternity negligence claims lodged in 2022/23, up from 1,013 in 2019/20, the figures from NHS Resolution show.

The latest figure is the highest since the current recording system began in 2006, when 705 cases were reported.

Last week the Nursing and Midwifery Council (NMC) warned of “recurring themes” in cases being being referred to regulators - with midwives failing to act on emergencies, or spot crucial signs that a baby was in danger.

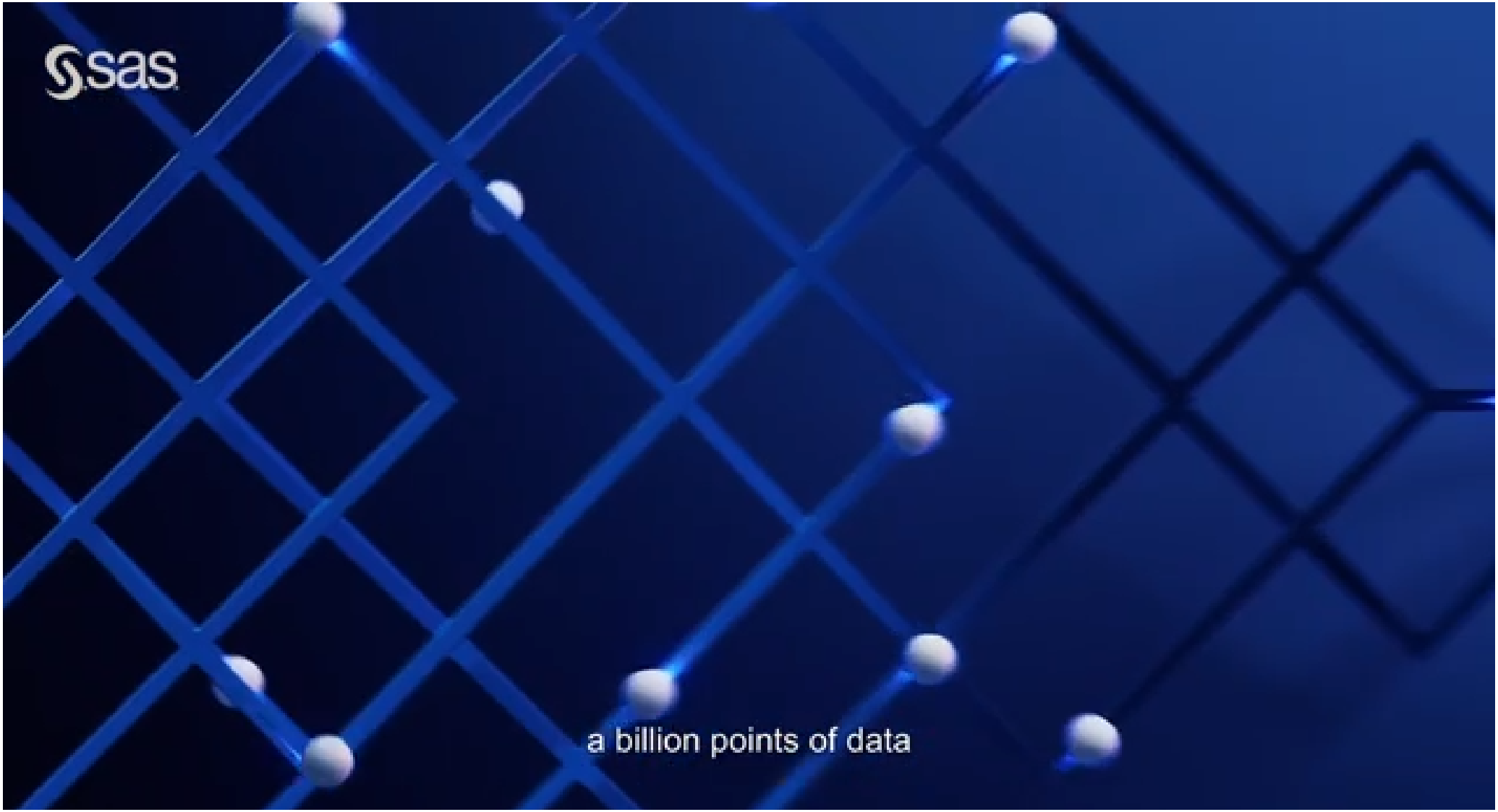
The report said the failure of midwives to escalate a concerning deceleration in a baby's heart rate and an inability to recognise or interpret abnormal fetal heart rates and uterine contractions.

This included examples of midwives failing to properly monitor heart rates and contractions during labour, to identify cases which needed speedy intervention to prevent serious harm.

Other reasons midwives were referred to the NMC included not listening to the concerns of expectant mothers.

Earlier this year NHS regulators warned that the state of maternity care has deteriorated over the last five years. The mass survey of more than 20,000 new mothers by the Care Quality Commission (CQC) found just 63 per cent were always able to get the help they needed during labour and birth - down from 72 per cent in 2019.

Last year CQC found 53 per cent of maternity services were rated inadequate or requires improvement, the highest on record, up from 38 per cent in 2018.



The data from NHS Resolution shows total spending on negligence hit an all-time high in 2022/23 with £2.64m paid out - a rise of ten per cent on the £2.4m spent the previous year.

The total set aside for future payouts is far higher, at £70 billion.

Much of the maternity negligence bill is fuelled by catastrophic incidents, with brain injuries at birth meaning a lifetime of care could be required. The figures show that while obstetrics make up 13 per cent of all claims, they take up 64 per cent of costs.

Some of the negligence claims lodged in 2022/23 date back to several years earlier.

Last year an inquiry into Shrewsbury and Telford trust found that 201 babies and nine mothers might have survived if not for the failings by its hospitals over more than four decades.

Negligence lawyers say a number of families who suffered bereavements or major injuries years earlier - but were assured that the NHS trust had learned lessons - have since come forward with claims.

In October, a damning independent review into East Kent Hospitals University NHS Foundation trust found that women in labour were treated with "callousness" and "cruelty".

The review said women were given too little pain relief, ignored when they sought to raise concerns and spoken to with a lack of compassion, with one who had lost her baby told "it's God's will; God only takes the babies that he wants to take".

Up to 45 babies could have been saved if not for repeated and serious failings in maternity care at East Kent Hospitals University NHS Foundation Trust, the inquiry found.

Maternity services were described by staff as "a vipers' nest", with widespread bullying placing women and babies at risk for more than a decade.

'Nothing seems to change'

Kim Thomas, chief executive of the Birth Trauma Association, said the sharp rise in claims was "intensely dispiriting" in the wake of major scandals which repeatedly revealed common themes.

She said: "These include a failure of midwives and obstetricians to work together as a team; an unwillingness to listen to women when they believe something is wrong; a failure to follow national guidelines; a culture of blame and cover-up; and a refusal to learn from mistakes.

“As a result, certain types of mistake, such as failure by staff to escalate concerns to a senior clinician, happen time and time again. When an emergency happens during birth, time is of the essence – a delay in performing a necessary caesarean section, for example, can lead to devastating consequences, such as a stillbirth or a brain injury requiring lifetime care.

“At the Birth Trauma Association we see the heartbreaking consequences for parents of these avoidable mistakes,” she said.

The charity chief said that despite repeated promises by the NHS to improve maternity care, “in practice, nothing seems to change.”

“Until the NHS learns to be completely open and transparent in its practices, women and babies will continue to be harmed unnecessarily,” she said.

Paul Whiteing, CEO of Action against Medical Accidents (AvMA), the charity that supports people avoidably harmed by medical accidents said: “AvMA collaborates with NHS Resolution and lawyers to try and reduce the costs of NHS litigation. Whilst we are making inroads, it is a sad fact that maternity wards up and down the country are not improving the safety practices, hence we are still seeing so many mothers and babies being needlessly harmed.”

“Giving birth should be a joyous moment. Instead we are seeing babies being severely harmed and many mothers suffering from PTSD as a consequence,” he said.

Gill Walton, chief executive of the Royal College of Midwives, said: “It shouldn’t take major incidents for the Government to pay attention to maternity safety. Each one has a devastating impact on the families and staff involved.

Over the last few years alone, millions has been spent in compensation relating to cases in maternity services. If only a fraction of that had been invested in supporting better care and improving workplace cultures, the Government and the NHS could ensure future families don’t have to go through this pain.”

While all the claims were lodged during 2022/23, some of the incidents occurred several years earlier.

A spokesman for NHS Resolution said: “NHS Resolution has focussed on how we can support improvements to maternity safety. Our Early Notification Scheme enables an earlier investigation of compensation entitlement than has been possible in the past and

for learning to be shared back rapidly with the NHS."

An NHS spokesperson said: "Over the last decade the NHS has made improvements to maternity services in England – with fewer stillbirths and neonatal deaths – but we know further action is needed to improve maternity care for all women, families, and babies.

"The NHS is investing £165 million annually to grow the number of midwives and obstetricians, strengthen leadership and improve culture, while our new Maternity and Neonatal care Plan will help Trusts' implement the recommendations from recent maternity reviews."

A government spokesperson said: "The NHS is one of the safest place in the world to give birth – and no one should experience avoidable tragedies as a result of clinical negligence.

"We have invested £165 million a year since 2021 to grow the maternity workforce and improve neonatal services. We are also promoting careers in midwifery by increasing training places by up to 3,650 over the past four years.

"The NHS recently published the first ever Long Term Workforce Plan, backed by over £2.4 billion in government funding to deliver the biggest training expansion in NHS history to help meet the challenges of a growing and aging population by recruiting and retaining hundreds of thousands more staff over the next 15 years."

Case study: Kate Stanton-Davies

Concerns about the Shrewsbury and Telford maternity unit began being raised following the death of Kate Stanton-Davies, the daughter of Mr Stanton and his wife Rhiannon Davies, when she was just six hours old.

Rhiannon Davies with her daughter Kate Stanton Davies who died shortly after birth in 2009 | CREDIT: Richard Stanton

A report found she had died “avoidably” after two midwives failed to realise her birth was high risk and ignored her parents’ concerns.

The couple were told that the death in March 2009 was “an isolated case” and that such an incident had “never happened before”. In fact, the family uncovered the deaths of two baby boys in similar circumstances in the ten months before Kate.

In the last two weeks of the pregnancy Ms Davies warned staff on at least seven occasions that she could not feel her baby moving.

But rather than join the dots, Rhiannon was never flagged as a high risk pregnancy, and went on to give birth in a midwifery unit some 25 miles away from the Royal Shrewsbury Hospital.

“Kate was left alone in a cold cot when she was born,” her father told The Telegraph. “It was only later on that a nursing auxiliary found her collapsed.”

Attempts were made to resuscitate the newborn, but the nurse eventually gave up, saying it was too difficult to get her heart rate up. Kate wasn’t breathing when she was airlifted to the Royal Heartlands Hospital in Birmingham, having been turned away from Shrewsbury because their helipad was closed.

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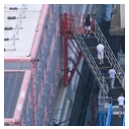

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