



# Resolution

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**Telephone:** 020 7811 2700

November 2019  
FOI\_4112

The following information was requested on 18 November 2019:

*I am an Obstetrician investigating the role of complex instrumental deliveries in modern obstetrics.*

*I would love to know the percentage of claims for incidents in the second stage of labour (fully dilated) and any themes for learning regarding:-  
forceps, ventouse, fully cs, supervision during these deliveries or delays in these deliveries.  
Or of course anything else you think could be useful to my ppt.*

## **Our Response**

Please find attached the information we are able to provide in relation to obstetrics claims. Please note the attached table relates to claims received in the specified years. This does not correlate with the date the incident occurred.

By way of advice and assistance (and further to our duties under s. 16 FOIA): Our overarching claims management system (CMS) databases is currently set up to primarily record numerical and pre-defined field-based data, rather than free text (which is contained within the individual case files). For example we do not have specific coding for Caesarean complications during birth.

As you will see from the attached report we have handled over 3,000 cases with a definite 'obstetric' element during the last 3 years. Assuming (and this is optimistic) that it would take only one minute per case to review each case to establish whether it did contain any information about complications during birth, this would exceed 18 hours work and in our view would place a disproportionate burden on NHS Resolution. This means that we are unable to provide (such as it may be held in that format) the 'reasoning' for a damages payment being made, which will be informed on a case-by-case basis by the specific facts of each case, our assessment of the legal issues, negotiations with the claimant's legal representatives, and other factors, and this assessment may be legally privileged (and would therefore be exempt from disclosure under s. 42 FOIA). Also, in many obstetric cases, we cannot know what the long term prognosis will be for children age 0-2 even with a detailed review of the cases.

If you would like to know how data is categorised in our Claims database please see the following link: [Glossary](#)

For completeness, whilst outside the date range you have asked about, we have also previously published a thematic analysis of maternity claims over a ten year period: <https://resolution.nhs.uk/wp-content/uploads/2018/11/Ten-years-of-Maternity-Claims-Final-Report-final-2.pdf>, which may be of interest.

**This concludes our response to your request.**

If you are not satisfied with the service that you have received in response to your information request, it is open to you to make a complaint and request a formal review of our decisions. If you choose to do this, you should write to [Tinku Mitra](#), Head of Corporate and Information Governance for NHS Resolution, within 28 days of your receipt of this reply. Reviews of decisions made in relation to information requests are carried out by a person who was not involved in the original decision-making about the request.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a review of the decision. Generally, the Information Commissioner will not make a decision unless you have exhausted the local complaints procedure. The address of the Information Commissioner's Office is:

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

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**NB: Number of claims fewer than 5 (and any associated values, within the same row) are masked with a "#" (in accordance with Data Protection guidelines). Accordingly, some total values may also be approximated to prevent masked values to be deduced through reverse calculation.**

[Table 1: Number of Claims received between financial years 2016/17 and 2018/19 having Specialty as Obstetrics and Scheme is CNST. Included is the percentage of these claims where the cause includes 'Fail to Monitor 2nd Stg Labour'](#)



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**Table 1: Number of Claims received between financial years 2016/17 and 2018/19 having Specialty as Obstetrics and Scheme is CNST. Included is the percentage of these claims where the cause includes 'Fail to Monitor 2nd Stg Labour'**

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Notifications	Y
Clinical_NonClinical	Clinical
Scheme	CNST

Notification Year	No. of Claims	%age of failure to monitor 2nd stg labour
2016/17	1,090	8%
2017/18	1,118	7%
2018/19	1,024	6%
<b>Grand Total</b>	<b>3,232</b>	<b>7%</b>