

LR V BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST (2023)

Lawtel: This Quantum Report was provided courtesy of Melanie Reynolds of [Dutton Gregory](#), solicitor for the claimant.

Date of Award/Settlement

31 August 2023

PSLA Damages

£39,400 (£39,546.47 RPI)

Total Damages

£40,000 (£40,148.70 RPI)

Kemp Classification

N Injuries resulting from clinical negligence

C Psychiatric injuries

Kemp Sub-classification

N6 Gynaecological

C1 General psychiatric disorders

Award Type

Out of Court Settlement

Court

Court not applicable

Age at Injury

39

Age at Award/Settlement

41

Gender

Female

Occupation

Homemaker

Legal Representative

For the claimant : Dutton Gregory.

The claimant, a forty-one-year-old woman, received £40,000 total damages for the injuries she sustained following the negligent management of her pregnancy leading to the stillbirth of her daughter at 23 weeks' gestation in April 2022.

Most significant injury: Stillbirth at 23 weeks' gestation resulting in depression and anxiety.

Extent of injury: Depression and anxiety lasted for 36 months.

Total injury duration: 3 years

Clinical negligence: C, female, aged 39 at the date of the incident and 41 at the date of the settlement, sustained injuries when she went into premature labour at home resulting in the stillbirth of her baby daughter at 23 weeks' gestation on 7 April 2022.

C had a history of three previous normal births at 36-, 37- and 30-weeks' gestation. She had a loop excision of her cervix (LLETZ) procedure following her second baby for pre-cancerous cells. Her previous babies were growth restricted. She was booked by her community midwife at 10 weeks' gestation and an appointment was requested for the pre-term birth clinic. Her mid-stream urine sample was negative for infection. She was reviewed by consultant A at 13 weeks' gestation. She was offered the option of vaginal progesterone which can prevent preterm birth and serial scans to assess cervical length from six weeks' gestation. A scan request was made but there did not appear to be a date specified to allow review after scan. Similarly, there was no evidence of a follow-up appointment being made.

Local and national guidelines for prevention of preterm birth supported the offer of cervical length scanning from 16 weeks in women with a previous preterm birth and LLETZ. C had a cervical length scan on the 15 February 2022 at 16+0 weeks' gestation. There was no clinic aligned with the appointment. She attended clinic on the 18 February as planned and was seen by consultant B. The scan showed a normal cervical length of 32.4mm with a closed internal os and no funnelling. C was advised to continue attending a cervical length scan every two weeks. Her next scan was requested at 18 weeks' gestation. At that visit an urgent cervical measurement scan was arranged for later that day in combination with her fetal anomaly scan. It was noted that the cervical length was 29mm with no funnelling. A further scan was arranged for 18 March in combination with a clinic appointment. She had her next cervical length scan 10 days later at 20 weeks and 3 days. The cervical length was 26.8mm with no funnelling. The consultant recommended a repeat scan in two weeks with the consideration of a cervical suture if there was continued shortening of the cervix. The options were not considered, and C was booked for a scan and clinic in two weeks.

On 29 March, at 22 weeks' gestation, C presented with ruptured membranes and was commenced on erythromycin as per the guideline for preterm pre-labour rupture of membranes. She was admitted to the ward. A scan later that day showed reduced amniotic fluid and the estimated fetal weight was 43 grams. The baby was in a head down position. C was discharged later that day. There did not appear to be a clear plan for follow-up if she had concerns about fetal movements. Considering the gestation, personal circumstances, extreme prematurity, thought should have been given to admitting her as an in-patient. Six days later, on 7 April, C miscarried at home. Chromosome analysis did not show any abnormal numbers of chromosomes. Placental histology confirmed infection and no other specific abnormality. It was likely that infection resulted in the preterm labour. The baby was unable to survive likely due to extreme prematurity. As part of the investigation, an internal review of the scan images suggested that the cervical length should have been reported at closer to 20mm, rather than 26mm. A measurement of <25mm would have prompted the offer of a cervical cerclage.

C sustained injury and brought an action against the defendant trust alleging that it was negligent in missing the opportunity to consider cervical cerclage/suture on/around 18 March 2021; failing to accurately report the cervical scan on 18 March by reporting cervical length as 26.8mm when in fact it was closer to 20mm; and failing to involve a consultant obstetrician in the decision to discharge C on 18 March and ensure an appropriate follow-up plan was in place

Liability admitted.

C described an extremely traumatic experience of going into premature labour at home. C's partner and her teenage daughter attempted to give mouth to mouth resuscitation to the baby, which was distressing to all of those present. As a result of her experience, C suffered considerable ongoing depression for which she was treated by her GP, who referred her to mental health services. Depression and anxiety lasted for three years.

Court Award: £40,000 total damages

Breakdown of General Damages: Pain, suffering and loss of amenity: £39,400.

Breakdown of Special Damages: Past losses: £600.