National Health Service cuts lead to hundreds of baby deaths in Britain

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The Confidential Enquiry into Stillbirths and Deaths in Infancy has revealed that hundreds of babies are dying every year in Britain's maternity hospitals as a result of errors of judgement by poorly trained doctors and midwives.

The report, by a body comprised of four Royal Colleges, including the British Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM), found that clinical errors contribute to two-thirds of all deaths in healthy babies.

Midwives and doctors in training grades caused most errors. One of the most common is when doctors and midwives do not read the baby's heart monitor correctly. Scores of babies suffocate in the womb every year because hospital staff do not understand or notice the warning signs. Other deaths occur because junior staff misuse powerful labour-inducing drugs when no senior doctor is present to spot the dangers. RCOG vice-president Professor James Drife said, 'Doctors don't anticipate things going wrong. Often consultants aren't called in when they do go wrong.'

Some of the examples revealed in last Sunday's *Observer* newspaper include:

• a doctor who failed to intervene when a baby's heart monitor showed abnormalities, despite the midwife expressing concern at least three times. The baby slowly suffocated in the womb.

• a doctor who ignored warning signs from the heart monitor for nearly five hours. Even when the child was delivered stillborn he failed to realise anything was wrong and left the labour room.

• a doctor who broke a baby's neck with forceps even though the midwife had warned him not to use them.

Jean Robinson, research officer of Aims, the maternity pressure group, explained how problems in maternity care are rooted in cuts in the National Health Service, following the transformation of hospitals into self-governing trusts by the previous Conservative government. 'The trusts have reduced the numbers [of staff] drastically and standards of training have fallen at the same time. Inexperienced doctors and midwives are being launched onto the wards, and the result is a complete disaster.'

Deaths are not the only issue of concern. Many more babies are permanently brain-damaged because doctors do not act when they display signs of distress in the womb. Only last week, 11-year-old Samuel Mansell won record damages of £3.3 million for brain injuries sustained during a botched delivery by an inexperienced locum. Samuel requires 24-hour care and has to be bandaged to prevent self-injury.

One of the key proposals to be made by the doctors' and midwives' organisations, when their report is presented to the government, is that consultants should spend more time on the wards, never be more than 30 minutes away and be on the wards all day in larger hospitals.

Donald Gibb, consultant obstetrician at Kings Hospital, Camberwell, is an expert advising medical negligence cases where babies have died or been injured after mistakes by doctors or midwives. He has dealt with more than 120 cases this year. He said, 'Modern doctors have become far too machine-orientated. An ill-trained person using a machine can do far worse damage than a person not using such technology can. Hence the fatal consequences.... The mistakes are made by junior doctors who, through no fault of their own, do not have the necessary training or supervision. In 90 per cent of these cases, the consultant was not present when the error occurred.'

Recent surveys show that most tragedies occur at

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night and on public holidays when less qualified staff are working. This shocking state of affairs has developed due to the massive cutbacks that have taken place throughout the health service in the last 20 years. The reorganisation and privatisation of healthcare means that nurses and junior doctors must take responsibility for areas of judgement previously the province of more experienced doctors or consultants. Entry qualifications into nursing have been lowered in order to make up for chronic shortages that exist. In maternity care the number of midwives have dropped by 2,500 in two years to 32,803.

Additionally, staff are grossly overworked, while consultants who are supposed to oversee problem areas are not available. Professor Roger Clements, a Harley Street specialist, believes labour wards should be given the same priority as intensive care. He said: 'For 12 hours out of 24 the wards are staffed by junior staff of variable quality. The consultants go home at 5 p.m. and are not always contactable by phone. Even if they are available, the doctors are so inexperienced that they have not seen the problems and don't call them.'

Earlier this year a number of separate reports revealed that in some hospitals labour inducing drugs were being administered in order to speed up births to ensure a faster turnover in the delivery wards. Women giving birth were told that they could not have the preferred method of pain relief, an epidural, because this requires an anaesthetist to administer the drug and for a midwife to be with the patient at all times. Mothers were being discharged six hours after giving birth and most midwives have to care for two to three women in labour in different rooms at the same time. Negligence in child delivery accounts for fully 70 percent of compensation claims in the health service.

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