

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

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Natalie Akoorie
NZ Herald

Email: Natalie.akoorie@nzherald.co.nz

Dear Natalie,

RE Official information request CDHB 9890

We refer to your email dated 5 July 2018 requesting the following information from Canterbury DHB under the Official Information Act regarding assisted delivery and caesarean section births. The time frame for the request was for the past five years-Calendar Years 2012 – 2017. Christchurch Women's Hospital is where all assisted deliveries and caesarean deliveries occur as it is the tertiary referral centre for Canterbury DHB.

Please find our response below.

During the six years, from 2012-2017, 34,732 babies were born in the Canterbury DHB area. Of these 658 were coded as receiving birth trauma; 38% of babies injured were born by forceps, 22% of babies injured were born by ventouse and 7% of babies injured were born by caesarean section with approximately 30% related to spontaneous birth.

1. The number of babies injured or who died during birth at Canterbury District Health Board when assisted delivery was used.

There were 253 babies coded as being injured who were born by a forceps delivery and 144 babies coded as being injured who were born by a ventouse delivery. None of these babies died.

2. Please provide the same number for C-section births. (If ventouse or forceps were used in C-section please state).

During the six years, from 2012-2017, 47 babies were coded as being injured who were born by a caesarean delivery.

3. In the case of injuries, please state what the injuries were or the seriousness of the injuries (separate out by type of birth e.g. ventouse, forceps, C-section, all of the above).

Injuries sustained during this time period were;

- Injuries during birth by Forceps: Bruising or laceration of face and scalp, nerve damage to face, damage to eye, Erb's palsy, fractured collar bone, subgaleal haemorrhage, brachial plexus injury, cerebral oedema
- Injuries during birth by Ventouse: Bruising or laceration of face and scalp, nerve damage to face, damage to eye, fractured collar bone, subgaleal haemorrhage
- Injuries during birth by Caesarean Section: Bruising or laceration of face and scalp, nerve damage to face, damage to eye, fractured collar bone, fracture of skull

The information provided above is taken from data coding at discharge. *This data does not specify if the method of delivery was the sole cause of the injury to the baby or mother but rather what the method of delivery was and whether any injury was diagnosed and therefore recorded in our coded dataset. To establish the extent to which the method of delivery caused the injury, and the seriousness of any associated injury, would require us to further analyse all assisted birth records and would involve substantial collation and research, and require us to create new information.* Therefore, we are unable to provide any further particulars on the information to the level you have requested.

We also request that this context, *“that the information does not specify if the method of delivery was the sole cause of the injury but rather what the method of delivery was and whether any injury was sustained”*, be included with any publication of the information. This is important so that the public correctly understand the context and limitation of the information. It is also important to note that birth injuries also occur to the baby and the mother during an unassisted vaginal birth. Therefore the assumption cannot be made that all injuries associated with assisted vaginal birth and caesarean section are due to the mode of delivery. As a tertiary hospital Christchurch Women's provides services to a large number of complex pregnancy and births and any reporting of data must be interpreted with caution as a tertiary centre with more assisted births and C-sections will have greater numbers of injuries.

4. In the case of injuries, please state if the baby survived past 30 days.

No babies died as a result of injuries where their method of birth was by forceps, ventouse or caesarean section birth during this time period.

5. In the case of injuries, please state whether the baby spent time in a neo-natal unit as a result and if so how long.

Thirty percent of babies coded as having been born by a forceps, ventouse or caesarean delivery and diagnosed with injuries / conditions after birth spent time in the Neonatal Intensive Care Unit (NICU) ranging in time from less than an hour to a number of months. Reasons for admission to a Neonatal unit are multi-factorial. Babies may have been born prematurely, have congenital abnormalities etc. We cannot determine from the data whether babies spent time in the NICU as a result of the delivery method alone.

6. Please state the cost of any injuries to the DHB. For example baby required surgery or extensive stay in neo-natal care etc.

Please refer to Question 5. Due to the multifactorial nature of admissions to NICU the cost of the stay due to birth trauma cannot be ascertained from the data currently held by Canterbury DHB.

7. Please state if the mother was injured or died in any of the deliveries and if so please type of intervention.

None of the mothers of these babies died.

Injuries to some of the mothers were tears to the perineum or vaginal wall or blood loss as would be expected via any method of birth. Small numbers of tears to the uterus were coded and these would have occurred at caesarean section.

8. In the case of injury or death what action was taken; e.g. complaint to HDC, coroner's inquest, recorded as serious and sentinel event, internal review, apology, change of process/procedure etc.

There were no deaths related to trauma associated with forceps, ventouse or caesarean section birth, of either mother or baby, during this time period.

Canterbury DHB takes any adverse outcome experienced by our patients seriously and will appropriately review such incidents and, where required, recommendations are made for changes to processes or procedures. We have a policy of open disclosure to patients and families and of offering an apology whenever this is appropriate. This would have also occurred in these cases.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support