WILEY

Findings from a 15-year study published in *Acta Obstetricia et Gynecologica Scandinavica*, a journal of the Nordic Federation of Societies of Obstetrics and Gynecology, indicate that human error is the most common cause of infant asphyxiation at birth. Inadequate fetal monitoring, lack of clinical skills, and failure to obtain senior medical staff assistance are most often cited in Norwegian compensation claims following birth asphyxia.

In Norway there are roughly 60,000 births each year, with The Norwegian System of Compensation to Patients (NPE) receiving 65 claims for obstetric injury to the child. A previous study by the current research team found that asphyxia was the most common cause for compensation—between 20 and 25 cases annually. Prior research estimate that lifelong compensation for injury caused by birth asphyxia averages about €430,000

($574,000) in Norway, with costs more than 10 times higher in the U.S.

"While fetal brain injury or death is uncommon during childbirth, when it occurs the effects are devastating," explains Dr. Stine Andreasen with the Department of Obstetrics and Gynecology at Nordlandssykehuset (Nordland Hospital) in Bodø, Norway. "Our study investigates claims made to the NPE for neurological injury or death following birth asphyxia."

For the present study, researchers examined 315 claims made to the NPE between 1994 and 2008 that were associated with alleged birth asphyxia. The team looked at hospital records,

assessments by experts, along with NPE and courts of law decisions. Of the claims made, there were 161 cases that were awarded compensation.

Results show that in the compensated cases there were 107 infants who survived, with 96 having neurological injury, and 54 children who died. Human error was the most common cause of birth asphyxia with 50% attributed to inadeuate fetal monitoring, 14% lack of clinical knowledge, 11% non-compliance to clinical guidelines, 10% failure to ask for senior medical assistance, and 4% were errors in drug administration. In cases of substandard care, the obstetrician and midwife were documented as the responsible staff at 49% and 46%, respectively.

"In most compensated cases, poor fetal monitoring led to an inadequate supply of oxygen to the infant," concludes Dr. Andreasen. "Training for midwives and obstetricians, along with high-quality audits, could help to reduce claims for compensation after birth asphyxia."