

Received: 18 March 2013; Accepted: 05 August 2013

Conflict of interest: none declared.

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DOI: 10.5455/msm.2013.25.175-177

ORIGINAL PAPER

Mater Sociomed. 2013 Sep; 25(3): 175-177

Midwifery Errors: a Descriptive Study in Isfahan Forensic Medicine General Department

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ABSTRACT

Goal: In this paper we will identify the frequency and reasons of midwives errors in patient claims referred to Isfahan legal medicine center during 5 past years. **Methods:** It is a cross – sectional study. The population of the study consisted of all patients claims from midwifery staffs occupied in hospitals, clinics and other healthcare centers from 2007-20012. The data were collected by a checklist. The data were analyzed by SPSS. **Result:** Results shown 41 claims (5.8%) of 708 claims were from midwives. In 43.9% of cases, midwives were convicted. In 38.9% cases negligence and in 44.4% cases, carelessness of governmental rules such as premature induction of labor were the main reasons of midwives malpractice. The 35-40 age groups had the most frequency with 31.7%. In 85.4% cases, midwives services were served in hospitals and in 12.2% cases; these services were served in home-health. **Conclusion:** With attention to importance of midwifery, the practitioners of this occupation should be informed of medical laws and regulations, crimes and infractions, blood money law, abortion laws and other legal materials.

Keywords: Midwife, Midwifery Services, Medical Error, Midwifery Errors

1. INTRODUCTION

Patients care service is one of the fundamental elements of medical-health care services so that wide range of medical and premedical staff deals with the task. In this regard, midwifery staff is directly in charge for looking after mother and embryo. Midwifery, classified under medical profession, is the first contact point between mothers and medical staff and, thus, of great importance (1, 2, 3).

The midwife is in charge of their professional competency and likewise responsible to the family of patient as they deal with private issues of family life. Therefore, the midwife undertakes special responsibilities. They also have duties regarding their profession in form of observance the standards, improvement of the services, and updating their knowledge of legal and professional organizational activities (4).

Along with development of pregnancy health care procedures following technological advances, complicity of midwifery services is growing. Indeed, it is not easy to find the best procedure in compliance with professional standards. This in fact increases complexity of working environment and rate of irrevocable errors (5, 6). General Manager of health and population department of the Ministry of Health (2006) reported

that 60% of pregnant women mortality is due to physician and midwife mistake. On the other hand, improving public information and familiarity with patient's right charter eventuates in closer monitor of medical services by the referrals. Clearly, no observance of health care services results more cases filed in the court against medical staff (8, 9).

Medical mistake is not something of a novelty, though it is essential to target mistake prone frameworks if we want to lessen rate and possibility of such errs (10). There is a paucity of research works on midwifery mistakes in Iran. On the other side, determining and recognizing the causes of such mistakes are of great help for better and effective planning in this regard.

2. GOALS

The present work is aimed to survey frequency of complaints of midwifery services and a case study of the cases filed in Isfahan forensic medicine general department in a five years period is under focus.

3. MATERIAL AND METHODS

This descriptive cross section research takes, all complaint files in medical council of Isfahan forensic medicine general

department against midwifery staff in hospitals, clinics and other medical services centers between 2007 and 2012, as study society (April 2007 – March 2012). The whole study society was surveyed and no sampling was carried out.

For data gathering a checklist was designed based on the variables under consideration such as gender, age, education, subject of complaint, results of procedure, and place of service. Validity of checklist was confirmed by the experts. The study took place in the archive of the forensic medicine department.

The data were analyzed using frequency and frequency rate analyses in SPSS.

4. RESULTS

Out of 352 reviewed file, 25 were about complaints of midwives (10 defendants still alive and 15 deceased). For those still alive 17 cases have been filed and 24 for the deceased. Totally, there were files against 41 midwives. This 41 midwives were part of a group of 708 medical staff with a file in the archive (i.e. 5.8% of the cases concerned the midwives).

As listed in Table 1, the largest group of cases was filed against staff in age range of 35 to 40 (31.7%). Next in the line were age groups 30-35 and 40-45 with 8 and 7 files respectively.

Percent of Frequency	Frequency	Total	Age	Number
2.4	1	41	20-25	1
12.2	5	41	25-30	2
19.6	8	41	30-35	3
31.7	13	41	35-40	4
17.1	7	41	40-45	5
7.3	3	41	45-50	6
4.9	2	41	50-55	7
2.4	1	41	55-60	8
2.4	1	41	60-65	9
0	0	41	65-70	10
0	0	41	More than 70	11

Table 1-Percentage of age group attendants that they had been complained

Concerning frequency of place work, 35 midwives (85.4%) were at hospitals and none of the services under consideration had been carried out in clinics. (Table 2)

Percent of Frequency	Frequency	Total	Location of service	Number
85.4	35	41	Hospital	1
0	0	41	Private Clinic	2
12.2	5	41	Home Health	3
0	0	41	General Clinic	4
0	0	41	Hospital Clinic	5
2.4	1	41	Other	6

Table 2: Frequency of service Midwives

In social security hospitals, about half of the services (48.6%) had eventually resulted in a complaint. None of the complaints was about services provided in charity hospital and centers. Military-run hospitals (1 case) counted for trivial portion of the frequency rate. (Table 3)

Following social security organization-run hospitals, private hospitals and educational hospitals had the higher rate of complaints of midwifery services. This observance is rational

given the number of referrals to the first group of the hospitals.

Percent of Frequency	Frequency	Total	Type of hospital	Number
20	7	35	Educational	1
28.6	10	35	Private	2
0	0	35	Charitable	3
2.9	1	35	Military	4
48.6	17	35	Social Security	5

Table 3: The frequency of hospital services

Eighteen cases out of 41 complaint cases (43.9%) had resulted in conviction of the midwife and 23 (561) to acquittal.

Breach of governmental instructions was the main cause of conviction in 8 cases (44.4%), followed by negligence, carelessness and lack of skill for 38.9%, 11.1%, and 5.6% of the cases respectively.

Causing delivery without permission of the physician, unprofessional intervene in delivery, failing to check patient’s status during delivery, failing to implement decent management system, and failing to inform the physician on the situations were the causes of mistakes.

The results showed that on average the courts held 12% of complete blood money of an adult as compensation, and maximum/minimum amount of blood money was 50%/2.5% of complete blood money. Table 4 represents that for 61.2% of the cases (11 cases out of 18) the final writ was 1-10% of whole blood money adult (prevalent).

Percent of Frequency	Frequency	Total	Percent of the money	Number
61.2	11	18	1-10	1
16.7	3	18	11-20	2
11.1	2	18	21-30	3
5.5	1	18	31-40	4
5.5	1	18	41-50	5
0	0	18	More than 50	6

Table 4: Percentage of midwives who have been convicted of Conviction

5. DISCUSSION

Among all the cases filed in the forensic medicine department between 2007 and 2012, 41 cases (5.8%) were complaints on midwifery services. Akhalghi reported that negligence by midwifery staff was the second cause of complaints (9.28%) about women and pregnancy services (11). The midwife needs to be acquainted with a wide range of services and equipment that are moving toward complicacy as the technology marches on. Therefore, they have to deal with tough situations. New technology brings is variety of choices and raises many moral concerns for patients, families, and medical staff (5).

The midwife is required to spot moral controversies and challenges as varieties of expectations regarding the services, moral plurality, and effect of managed health case have drawn great deal of attention of the society concerning morality of the health care services (13).

Moreover, we found that 18 cases out of 41 files (43.9%) resulted in conviction of the staff, where 44.4% of the writs were based on breach of governmental instructions and regulation and 38.9% of the writes were based on negligence in service provision. Legal issues is one of the problems in work environment.

Moral and legal issues hinder implementation of technological advances such as abortion for medical purposes, new methods for contraception, and fertility treatments. Development of legal and religious knowledge of the staff may help the staff in making tough decisions (14).

Lack of knowledge regarding applicable laws and regulations may endanger patients' health and causes problems for the physicians (15). Considering critical role of midwife, staff in the field need to learn about medical codes, offences, blood money laws, abortion, etc.. Banaeian and Sershti showed that only 12.7% of the midwives participated in their study were informed about legal issues of the profession (14).

6. CONCLUSION

Human error is an integral feature of any profession, and midwifery is not an exception. Quests to attenuate rate of human error in midwifery services entail with utilization a systematic approach to survey and control effective factors on the incidents.

The results showed that cause of majority of midwifery mistakes is breach of governmental directives. Thus, it is highly recommended to hold training workshops to improve and develop the staff's knowledge about the legal issues. This results in both higher legal knowledge of the staff and higher work hygiene. Moreover, knowledgeable and competent midwifery staff must be distributed equally between the health care centers.

Acknowledgement

The present article was drawn up under research plan No. 288275. The author is glad to express a deep gratitude for the support by Research Dept. of Isfahan Medical Sciences University and Isfahan Forensic Medicine General Dept.. We are also thankful for the contribution of the General Director of Isfahan Forensic Medicine General Dept., all the associates in the department, and head of Medical Documents of Isfahan Medical Sciences University.

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