AIMS For a better birth...

# ...But things are also the same

By Beverley Lawrence Beech

AIMS Journal, 2003, Vol 15 No 4

*How did a fit healthy woman, Laura Touche, die in childbirth at a modern hospital? What follows is a review of the facts.*

Laura Touche was a beautiful, wealthy, fit and healthy lawyer, and a descendent of the American President Thomas Jefferson, who chose to have her babies in The Portland Hospital, London. This is a hospital often chosen by the wealthy and celebrities of this world.

In common with so many women who choose to attend this hospital, she was in for a caesarean section. The operation allegedly went without a hitch, but there was evidence of a total lack of postoperative care and, shortly thereafter, she began to complain of a headache.

A woman who has had a caesarean operation should have her blood pressure monitored every 15 minutes. For at least the first two-and-a-half hours after her surgery, Laura Touche was not monitored, and it was only because her nurse, Grace Bartholomew, went on a break, and was relieved by a midwife who recognised the problem and sounded the alarm that any action was taken at all-but, unfortunately, far too late.

Laura Touche died and her husband, Peter, sued the Portland and was awarded £750,000 in compensation. He also reported the nurse to the Nursing and Midwifery Council (NMC). The hearing was held on 13 January 2004 and the Council heard that the nurse, Grace Bartholomew, had qualified as a midwife in 1985, but had failed to attend any statutory refresher courses and could not, therefore, practise as a midwife. Ms Bartholomew informed the Council that she had told The Portland Hospital of her position, and Rochelle Dryburgh, the nurse in charge of the hospital at the time, agreed that Ms Bartholomew should never have been allowed to attend a newly delivered woman without proper supervision (particularly one whose twins had been delivered by major abdominal surgery).

Ms Bartholomew was found guilty on four counts of misconduct, including failure to properly observe Mrs Touche and failure to properly hand over care.

It appears that there is no face-to-face handover in this hospital. At the hearing, it was revealed that the normal practice was for the outgoing staff to leave a tape recording of the handover for the incoming staff to listen to. This means that the hospital saves on the costs of employing staff for the additional time that a handover takes.

These standards would never be accepted in any NHS hospital, no matter how overworked and busy the midwives would be. For many years, AIMS' members have felt that private maternity units are little more than overpriced hotel accommodation. Not in our wildest nightmares would we have believed that the standards could be this low.

British midwifery prides itself on having a national network of Local Supervising Authorities (LSAs). Within this structure, there are supervisors of midwives (SOM) who are responsible for midwifery practice in their area. Where on earth were the SOMs in this case-and, more particularly, where was the LSA officer? While Ms Bartholomew had a responsibility to ensure that she only undertook work for which she was qualified, the hospital administration and midwifery staff also had a responsibility to ensure that they were not employing anyone in a role for which they had no qualifications.

Not only was the Touche family failed by Ms Bartholomew, but they were also failed by the senior midwifery staff, the administration and the LSA. Jonathan Asbridge, president of the NMC, and chair of the Professional Conduct Committee that heard the case, announced after the hearing that he was "extremely concerned" about this case, and has ordered an inquiry into the procedures used at the hospital.

But it's not just the procedures at the hospital that need investigation; the LSA officer had a responsibility to support and monitor midwifery practise, and to report any serious negligence or incompetence to the NMC. The LSA officer failed to do this. The head nurse at the Portland and the midwife in charge of the ward should also have been reported to the NMC, but the only person reported was Ms Bartholomew-and that was only because Mr Touche did so.

We hope that the inquiry ordered by the NMC will include an investigation into whether the LSA failed to support and monitor midwifery practice in this hospital. If this is so, then it is very worrying indeed.