

Cardiotocography interpretation and timely Intervention: is it possible to reduce neonatal injury and medico-legal risks?

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Objective. Foetal distress represents a leading cause of morbidity and mortality. The primary aetiologies often necessitate emergency caesarean sections. Cardiotocography (CTG) plays a pivotal role in the assessment of foetal heart rate, facilitating the early identification of foetal distress and guiding critical clinical decisions in order to reduce severe adverse outcomes, including foetal death or irreversible neonatal injuries.

Materials and Methods. We critically reviewed medico-legal cases from the last 10 years in the field of obstetrics and gynaecology, focusing on “suspicious” and “pathological” CTG patterns, the clinical management by healthcare professionals, and the neonatal outcomes. Particular attention was given to the legal judgments regarding penal and civil liability.

Results. The study revealed that, in the majority of cases, a conviction was reached due to the failure to perform a caesarean

section in a timely manner. This suggests that the management of “suspicious” and “pathological” CTG patterns exposes both gynaecologists and midwives to a high risk of civil and criminal convictions, unless alternative placental causes, that can explain the adverse outcome, are identified.

Conclusions. Our analysis suggests that a multidisciplinary approach enhances clinical risk management, thereby potentially improving neonatal outcomes and reducing medico-legal risks. Specifically, it is essential to clarify how to appropriately manage suspicious CTG patterns, and even more pathological ones. This approach must take into account: 1) a mandatory timely communication between midwives and gynaecologists; 2) the importance of examining the foeto-placental unit to confirm the precise timing and cause of neonatal injury; 3) the often-underestimated informed consent.