



RESEARCH ARTICLE



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Lack of Consent and Forceps Extraction Injuries in Three Neonates in Mali

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Abstract

Forceps application can cause trauma both in neonate particularly when used inappropriately and by an unskillful practitioner. Anyway, the informed consent of the parturient have to be obtained prior to its use otherwise it will be unlawful. We report the case of three babies injured during forceps delivery and whose mothers did not consented before.

Keywords: Lack of consent-injuries- forceps

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INTRODUCTION

Obstetric forceps are to guide fetal movement during delivery, ideally accompanied by active pushing by the mother. Application and traction differ according to the type of instrument and require extensive training and knowledge of obstetric mechanics. Certain deliveries can be difficult and require careful evaluation informed by experience. If the fetus is not progressing after three pulls, this route of delivery can be abandoned (1). Forceps are used in the cases of delay or maternal exhaustion in the second stage of labour, dense epidural block with diminished urge to push, rotational instrumental delivery for malpositioned fetus, suspected fetal distress (2)

The use of forceps has declined in many countries, for instance in the United States, the rates of forceps delivery have decreased despite an increase in operative deliveries (3). In the United Kingdom, the rates of instrumental vaginal delivery range between 10% and 15%; most obstetricians in North America have abandoned rotational instrumental delivery in favor of caesarean section. In Australia, obstetricians preferred using a vacuum extractor for rotational instrumental delivery. Injury to the pelvic floor and trauma to the baby are more common after forceps delivery (2).

In some countries like Mali, forceps is still being used very commonly by general practitioners and obstetricians; unfortunately many of these doctors are not well trained. In some cases, forceps delivery is associated with huge traumatic injuries; however, there are very few lawsuits and some unconscious doctors continue their malpractice.

Case report:

We report three cases

First case



A neonate, male, 4,125 grams of weight, first born of his mother who is an illiterate housewife of 16 years old. The pregnancy evolved normally. The indication of the forceps was a maternal exhaustion with a vertex presentation.

The forceps was used by an obstetrician. After the delivery, the patient was sent immediately to our office

because of ocular injury. After we questioned the mother, she assumed that the doctor gave her no information prior to the forceps; so the forceps delivery was done without her informed consent.

The clinical findings were:

Deformity of temporal bone of the skull and a burst of the left eyeball. The right eye was normal. We referred the neonate to the Institute of Ophthalmology in order to complete the enucleation.

Second case:



A neonate, female, 3,250 grams of weight, first born of his mother who is also an illiterate housewife of 22 years old. The pregnancy evolved normally. The indication of the forceps was a maternal exhaustion with problem of progression of the fetus.

The forceps was used by an obstetrician. After the delivery, the doctor noticed a frontal orbital trauma. Emergently he wanted the neonate be examined by an ophthalmologist, so we examined the patient in the delivery ward. According to the mother, she received no prior information about the forceps procedure. We noticed a contused wound on the neonate forehead and at the back of his neck. The neonate was referred to a pediatric surgeon and died the following day.

Assessment of Serum Micronutrient Levels: Serum levels of vitamins namely; thiamine, riboflavin, niacin, folic acid, pantothenic acid, and vitamins A, B₆, B₁₂, C, D and E were determined using High Performance Liquid Chromatographic technique (HPLC). On the other hand, serum concentrations of Zn, Cu, Se, Mn, Co, Fe, Mo, and Cr, were quantified using the Atomic Absorption Spectrometric method. HPLC equipment was supplied by Waters® Corporation Milford, Massachusetts USA while Buck Scientific 205 (Atomic Absorption) was obtained from Buck Scientific, East Norwalk, Connecticut, USA.

Third Case



A neonate, male, 2,650 grams of weight, second child of his mother who is an illiterate housewife of 25 years old. The pregnancy evolved normally. The indication of the forceps was fetal distress.

The forceps was used by an obstetrician. After the delivery, the patient was discharged; two days later, he was brought to our office when his mother noticed a difference between both eyes. After we questioned the mother, she alleged that the doctor gave no information prior to the forceps; so the forceps delivery was done without her informed consent.

The clinical findings were:

In the right eye: luxation of the eyeball with proptosis, palpebral edema, chemosis, subconjunctival hemorrhage, huge corneal edema.

The left eye was normal.

We referred the neonate to the Institute of Ophthalmology for enucleation.

DISCUSSION

Forceps delivery is a major medical procedure; because it involves two lives (the fetus and his mother). The cranial facial injuries are not rare. The ocular injuries related to forceps seem to be uncommon (4) they have a major risk: amblyopia (5). To perform forceps delivery without the informed consent of the patient is not lawful.

Prior to any medical procedure, the doctor needs to obtain the informed consent of the patient after he gave him clear and loyal information (6). In our three cases of forceps delivery, none of the parturient had her informed consent obtained prior to the forceps delivery. Though medical paternalism is dead, many health practitioners continue to decide for their patients. By so doing, they break the law and can face lawsuit and even imprisonment. Because in case of trauma, this latter can be qualified as voluntary injury which is a misdemeanor according to the criminal code of Mali. According to the article 220 of the criminal code of Mali, the author of such infraction can be sentenced up to three years of imprisonment and have to compensate for all the damages (7). Even though the consent can be verbal, it would rather be written so as to facilitate the proof. In France, it was incumbent to the patient to prove the Doctor didn't obtain his informed consent; but in 1997, February the 25th, the

cassation court concluded that henceforth it is the Doctor who must prove he obtained the patient's informed consent (8). In recent years the Cesarean Section rate has risen and there has been a gradual decline in instrumental delivery, possibly due to concerns over neonatal and maternal safety, medico-legal issues as well as fewer clinicians skilled in forceps use (2)

If lawsuits are relatively frequent in developed countries, they remain rare in developing countries like Mali for several reasons such as social relationships, illiteracy and ignorance of the Law.

CONCLUSION

Forceps delivery is injurious for the neonate particularly when the practitioner doesn't master it. It is both prejudicial for the mother who can lose her child but also for the neonate who can bear forever sequelae. Legal actions have to be brought against doctors who continue to use forceps without the informed consent of parturients.

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