

## **CLAIM NOTE**

**SUBJECT:** Meconium Aspiration

Created from Article: Special Delivery Vol. 1, Issue 1 Spring/Summer 2009 Reviewed and updated: March 2017 Updated name of college: January 2021

Midwives may note the presence of meconium with or without aspiration during labour and delivery. It is appropriate to report poor or questionable outcome where there has been meconium in the fluid or where meconium has been aspirated.

As you know, Meconium Aspiration Syndrome (MAS) is a serious condition in which a newborn breathes a mixture of meconium and amniotic fluid into the lungs around the time of delivery. MAS is a leading cause of severe illness and death in the newborn. The possibility of inhaling meconium occurs in about 5-10% of births. It typically occurs when the foetus is stressed during labour, especially when the infant is past its due date.

Risk factors include: foetal distress, decreased oxygen to the infant while in the uterus; diabetes in the pregnant mother; difficult delivery; and high blood pressure in the pregnant mother.

The midwife should identify risk factors as early as possible and consider them in her care plan. For example the expectant mother should be made aware ahead of time that if her water breaks at home, she needs to tell the midwife whether the fluid is clear or stained.

The presence of meconium may help the midwife decide if monitoring should be started so that signs of foetal distress can be recognized early on and appropriate interventions can take place. Follow the BC College of Nurses and Midwives' guidelines for consulting a colleague or physician or for arranging delivery in hospital where indicated, unless of course delivery at home is imminent and transfer would be unsafe.

Failure to plan for and consider presence of meconium puts you at increased risk of a complaint or malpractice claim concerning your care in the event of an adverse outcome, particularly where meconium is aspirated. Make sure you chart your actions to plan for and respond to the presence of meconium and include any instructions that you have left with your client.

Published by the Midwives Protection Program

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