Over two content-packed days, industry experts will guide you through the following key issues:

• What is new in obstetric negligence
• The connection between shoulder dystocia and brachial-plexus injury
• Using experts effectively
• The value of pre-natal screening and diagnosis
• Caesarean sections on demand: current controversies
• Guidance on how to conduct a successful cerebral palsy claim
• Common negligent errors in obstetric cases
• Effectively assessing quantum in light of NHS provisions and recent law reform

The Latest Updates on Preventing, Managing and Defending Claims in Obstetric Negligence

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“Greatly increased my knowledge regarding managing a medico-legal claim.”
Megan Hooper, McCann Fitzgerald (Obstetric Negligence Conference, 2005)

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Obstetric negligence claims are a major source of litigation against the NHS and other UK healthcare providers. The regulatory, legal and medical environments in which these claims are heard are becoming increasingly complex and it is becoming even more difficult for professionals to stay abreast of changes to medical procedures and the law.

In this increasingly challenging environment, it is more important than ever that physicians and lawyers have up-to-the-minute legal and medical information to help them minimise risk and defend obstetric negligence claims.

C5’s Advanced Forum on Obstetric Negligence is the industry event for anyone working in the field. Register for this event and ensure that you are completely up-to-speed with the latest developments and current best practice.

Whether you’re a medical professional, medical liability insurer or lawyer, you’ll come away with valuable information that will enable you to minimise risk going forward and better manage and defend these complex claims.

Improve and perfect your obstetrics practice or learn how best to protect yourself from litigation at this essential event. Get up-to-date on all the latest amendments to the law and explore best practices in obstetrics and the management of obstetric negligence claims.

By attending this forum you will learn how to:
• Assess quantum: find out what the courts are currently awarding
• Successfully manage a cerebral palsy claim
• Determine best practice in cases of foetal asphyxia, shoulder dystocia and other emergencies

Don’t miss out on this opportunity to learn from and network with those at the top of their field in obstetrics and those lawyers that manage obstetric negligence claims.

C5 conferences are established and acclaimed as the best legal conferences in the industry. They offer you a unique opportunity to:
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Participants will also receive a comprehensive set of written materials prepared by the speakers for the conference. These are invaluable reference materials which you will use again and again long after the conference is over.

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• Hospital Risk Managers / Clinical Risk Managers
• Senior Midwives and Obstetric Nurses
• Barristers

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“I gained numerous take home points to feedback to the Trust” Karen Kokoska, WAHNHST (Obstetric Negligence Conference, 2005)

SPEAKERS

Michael Powers QC, Barrister
ADR Chambers

Simon Readhead QC, Barrister
1 Chancery Lane

Martin Spencer QC, Barrister
Hailsham Chambers

Dr David Thomson, Barrister
1 Chancery Lane

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On THURSDAY 22 MAY 2008

8:15 Registration and Coffee

9:00 Chair’s Introductory Remarks and Overview

Michael Powers QC, Barrister
ADR Chambers

9:15 The Third Degree: Identifying, Preventing and Minimising Adverse Outcomes

Simon Readhead QC, Barrister
1 Chancery Lane
Carolynne Vaizey, Consultant Surgeon and Chairman of Surgery
St Mark’s Hospital, London
Carolynne is also an Honorary Senior Lecturer at Imperial College London, Director of the Sir Alan Parks Physiology Unit, and Lead Surgeon at the Lennard Jones Intestinal Failure Unit

Mr Abdul H Sultan MD FRCOG, Consultant Obstetrician and Gynaecologist
Mayday University Hospital

- Mismanagement of repairs as a source of obstetric litigation
- The importance of involving the right professionals at an early stage to evaluate and repair injuries
- Should episiotomies be routine or are there specific indications?
- Minimising client embarrassment
  - how to brief your expert and yourself
- What actually happens
  - effects of incontinence on patients
  - exploring the occult sphincter injury: fact or fiction?
  - considering the importance of symptoms vs. injury severity
  - understanding the value of anorectal physiology and endoanal ultrasounds in treatment
- Exploding the myths surrounding the true outcomes of primary and secondary sphincter repair
- Risk management
  - who does what and when?
  - assessing whether the training of doctors and midwives is adequate
  - circumstances under which a claim might arise
- Understanding the National Institute for Clinical Excellence (NICE) and the Cochrane guidelines: how do these affect everyday practice?
- Damages update: value of claims made following an obstetric procedure where adverse outcomes should have been prevented

10:30 Morning Refreshments

10:50 The Value of Pre-Natal Screening and Diagnosis: Recent Developments, Critical Concerns and Practical Issues

Dr David Howe, Consultant in Fetomaternal Medicine
Princess Anne Hospital, Southampton

Tim Wright, Health Law Specialist
Penningtons

- Understanding the effects of government imposed standards of testing on pregnant women
- Instructing experts in pre-natal screening cases
- Particular problems in showing breach of duty and causation in screening cases
- How loss of chance and terminations can lead to litigation
- Exploring new developments in antenatal diagnosis
- Demystifying ultrasounds
  - indications
  - timing frequency
  - false positives and false negatives
- Assessing the real implications of genetic counselling
- Considering pre-existing factors when ordering testing
- Assessing the limitations of pre-natal screening
- Evaluating ethical and practical issues

On WEDNESDAY 21 MAY 2008

1:30pm – 5:00pm (Registration from 1:00pm)

Pre-Conference Master Class:
Successfully Handling an Obstetric Malpractice Case from Start to Finish

Stephanie Code, Partner
Charles Russell LLP

Stephanie Prior, Solicitor
Charles Russell LLP

Obstetric Malpractice cases are extremely complicated to litigate. You not only need to master all the litigation techniques specific to a medical malpractice case, but also to effectively examine and cross-examine the expert witnesses retained in the case, you must become somewhat of a medical expert yourself. In addition to this, you need to have all the tools possible at your disposal to assess what the case is really worth.

This hands-on workshop will provide you with the tools you need to get the best result for your client in these difficult cases. Lead by two seasoned attorneys, this interactive session will include topics on:

- Evaluating the case at the beginning: strengths and weaknesses
- Investigating the facts concerning liability, causation and damages: what is relevant?
- Identifying the issues to retain the appropriate expert witness
- Pre-trial discovery of the case
- What medical records are you entitled to view?
- What you should be specifically looking for when inspecting records
- Ensuring your client is prepared for trial
- Overcoming the challenges of representing the institutional client
- Final arguments
- Making the case for or against damages
  - what type of damages and how much?
  - retaining and challenging the damages expert
  - what will the long term medical care really cost?

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11:50 Foetal Asphyxia and Brain Damage:
Diagnosis and Treatment

Dr David Thomson, Barrister
1 Chancery Lane

Dr David Howe, Consultant in Fetomaternal Medicine
Princess Anne Hospital, Southampton

- Implication of a significant metabolic acidosis in asphyxia
- Predicting foetal asphyxia during labour: what are the signs?
- The foetal response to asphyxia
- Assessing newborns for signs that foetal asphyxia has occurred
- Newborn encephalopathy and multi-organ system injuries
- Patterns of asphyxia: how does it usually evolve and what are some common outcomes?
- Linking the signs of asphyxia to the resulting injuries
- What conclusions can be based on timing of the event?
- ‘Watershed’ issues
- Litigation risks for the obstetrician and neonatologist

2:00 Causation, Material Contribution
and Liability: How to Navigate
Your Way Through the Minefield

Michael Powers QC, Barrister
ADR Chambers

- When association becomes causation: can obstetric error be merely associated with disaster rather than causative of it?
- Does the finding of a causal relationship at a generic level negate the need for a finding of a causal relationship at an individual level?
- The importance of the quality of CTG scans and other screening evidence in proving cause
- The search for cause: evidential difficulties in cerebral palsy claims
- When does a non-negligent act or omission of a doctor that results in the death of a neonate justify a negligence claim?
- The significance of antepartum normality as opposed to prepartum normality in successfully proving negligence on the part of an obstetrician
- Understanding how birth asphyxia broadens the issues of causation

3:00 Common Negligent Errors in Obstetric Cases:
A Claimant Lawyer’s Perspective

Peter McNeil, Partner
Field Fisher Waterhouse LLP

- Misreading of antenatal ultrasounds and foetal abnormalities
- Effectively diagnosing and treating co-existing illnesses
- Misinterpretation of CTGs
- The improper use of Syntocinon during labour
- The use of foetal blood samples during labour
- Awareness of infections in the mother
- Delay in delivery and subsequent difficulties
  - use of forceps
  - ventouse assisted delivery
  - shoulder dystocia
  - caesarean sections
  - resuscitation
- The implications of hypoglycaemia post-partum

4:00 Experts: Evaluating Their Role and Using Them Effectively

Dr Peter Ellis, Barrister
7 Bedford Row

- Exploring the legal framework in which experts operate
  - CPR Rule 35.12
  - expert witness protocol
  - case law
- Crediting and discrediting experts
- Using an expert’s testimony against him or her
- Understanding agendas, timing and format
- Evaluating the role of the expert
- Examining the Queen’s Bench Masters’ model directions
- Considering failure to agree agendas
- Assessing the potential benefits and pitfalls of expert meetings
- Knowing when lawyers should attend expert meetings
- Assessing the role of recordings and neutral chairpersons
- Understanding joint statements and change of mind
- Evaluating the future of experts’ discussions

4:45 Chair’s Closing Remarks

5:00 Conference Adjourns

Friday 23 May 2008

8:30 Coffee

9:00 Chair’s Introductory Remarks and Overview

Martin Spencer QC, Barrister
Hailsham Chambers

9:10 What’s New in Obstetric Negligence?

Elizabeth-Anne Gumbel QC, Barrister
One Crown Office Row

- Current problems in wrongful birth and cost of upbringing claims
- The role of hospital protocols and RCOG guidelines
- The dangers in using Syntocinon
  - Evans v Birmingham & Black Country Strategic Health Authority (2007)
- Delay in delivery and ensuing complications
  - Fahima Khalid (a child by her mother and litigation friend, Baira Khalid) v Barnet & Chase Farm Hospital NHS Trust (2007)
- Calculation of life expectation in assessment of damages
  - Jennifer Arden v Anthony Malcom (2007), Katie Louise Lewis (a child by her mother and litigation friend, Sandra Lewis) v Royal Shrewsbury Hospital NHS Trust (2007)

10:00 Assessing Quantum: What are the Courts Awarding and Why?

Elizabeth-Anne Gumbel QC, Barrister
One Crown Office Row

Henry Witcomb, Barrister
One Crown Office Row

- Taking account of local authority and NHS provisions
  - the problems of double recovery
  - indemnities
  - future uncertainty
- Cost of care: different types of care packages
  - the need for multiple carers
  - the need for waking night care/24 hour care
- Considering the costs of hydrotherapy: when is it justified in a damages claim and should a home pool be presumed necessary?
- Exploring interim payments
  - the principles and the Court’s approach
  - advantages and disadvantages for the claimant
- Evaluating the Court’s power to impose periodical payments
  - the current position
  - advantages and disadvantages for the claimant

11:00 Morning Refreshments

11:20 Trial of Operative Delivery and Trial of Forceps: What Can Go Wrong?

Martin Spencer QC, Barrister
Hailsham Chambers

- advantages and disadvantages for the claimant
- the current position
- advantages and disadvantages for the claimant

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3:15 Caesarean Sections on Demand:
- comparing the risks of caesarean section on demand with conventional vaginal delivery
- what do surveys tell us about what women want?
- funding and costs
- issues of consent
  - who knows best?
  - the role of VBAC consent forms
  - informed consent in the role of VBAC consent forms
- medical liability issues of doing caesarean section on demand
- VBAC
  - is it worth it?
  - first time as opposed to abandoning an attempted VBAC
  - the standard of care
- current protocols for VBAC
- what strategies might reduce the caesarean section rate?
- ethical issues: whose choice is it anyway?

3:00 Afternoon Refreshments

2:00 Shoulder Dystocia and Brachial-Plexus Injury: Exploring the Connection

Roger V Clements, FRCOG,
Retired Obstetrician and Gynaecologist,
Practising as a Medico-Legal Expert from Harley Street

Fraser McLeod, Consultant Obstetrician and Gynaecologist,
North Bristol NHS Trust

Jane Tracy Forster, Barrister
Hailsham Chambers

Edward Shaxted, Consultant Obstetrician and Gynaecologist
Northampton General Hospital

Fraser McLeod, Consultant Obstetrician and Gynaecologist,
North Bristol NHS Trust

Traditionally it has been taught that Obstetric Brachial Plexus Injury (OBPI) is caused by Shoulder Dystocia. Over the last two decades there has been a flood of literature, mostly from the United States purporting to show that a significant proportion of OBPI occurs independently of Shoulder Dystocia. This “evidence” has been accepted unquestioningly by some US Courts, much to the joy of US insurance companies. In this session, Mr Clements will explain why the connection between Shoulder Dystocia and OBPI is often overlooked, why the US evidence is based on a “fallacy” and why most (but not all) incidences of OBPI are down to the accoucheur.

Shoulder Dystocia
- Exploring the evolution of current practice and its relevance to breach of duty
- Discussing the importance of training in diagnosing and treating the condition
- Highlighting the importance of logistical concerns
  - record keeping
  - accurate description of manoeuvres undertaken
  - personnel involved

Brachial-Plexus Injury
- Understanding controversies in causation
- Considering the alternatives
  - if not traction then what?
  - what are the other possible mechanisms?
- Examining ‘maternal propulsion’ theory
- Exploring the posterior shoulder injury: theories of causation
- Analysing breech delivery and Caesarean section injuries

3:00 Afternoon Refreshments

3:15 Caesarean Sections on Demand: Current Controversies

Edward Shaxted, Consultant Obstetrician and Gynaecologist
Northampton General Hospital

Dr Maggie Blott, Consultant Obstetrician and Gynaecologist
Kings College Hospital, London

Cerebral palsy caused by obstetric negligence usually occurs as a consequence of either a period of chronic/partial hypoxic ischaemia or acute/profound hypoxic ischaemia in the perinatal period. Establishing negligence relies on showing that the obstetric/midwifery care should have identified the features suggestive of deterioration in foetal condition towards chronic or partial hypoxic ischaemia and taken steps to avoid it.

The areas that will be covered in this session include the following:

- identification of any features of the actual or previous pregnancies identifying specific risks
- if specific risks, was the admission and treatment regime consistent with those risks?
- critical consideration of CTG monitoring to identify actual/potential deterioration in foetal wellbeing
- consideration of whether induction of labour/the means of induction of labour were appropriate or contra-indicated and/or contributed to a deterioration in foetal wellbeing
- the standard of overall consideration and monitoring
- when and why deterioration in foetal wellbeing should have been identified
- what action should have been taken to ameliorate the deterioration in the foetal condition/avoid the asphyxial insult
- assessing whether there should have been an assisted delivery or delivery by Caesarean section and, if so, when, so as to avoid permanent brain damage

4:45 Risk Management Issues in Patient Care

Grahame Aldous QC, Barrister
9 Gough Square

Edward Shaxted, Consultant Obstetrician and Gynaecologist
Northampton General Hospital

Majid Hassan, Partner
Capsticks

- common claims and how to avoid them
- interface and team issues midwife/obstetrician
- standards of care/policies/protocols and guidelines
- auditing: a true reflection of practice?
- ante-natal care, system errors and admin errors
- obtaining consent in an emergency situation
- the legal and medical perspective
- acceptable complication or negligent event?
- midwife only units: pros and cons and how to avoid the risks
- interface between independent midwives and NHS midwives
- how to review and learn from adverse events
- continuity of care

5:30 Chair’s Closing Remarks

5:40 Conference Ends
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**ADMINISTRATION DETAILS**

**CONFERENCE**

Date: 22 – 23 May 2008

Time: 9am (Registration and distribution of documentation from 8:15am)

Venue: Jurys Great Russell Street Hotel

Address: 16 – 22 Great Russell Street, London, WC1B 3NN

Tel: +44 (0) 20 7347 1000  Fax: +44 (0) 20 7347 1001

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**MASTER CLASS**

Date: 21 May 2008

Time: 1:30pm – 5:00pm

(Registration and distribution of documentation from 1:00pm)

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