

# Obstetricians & Gynaecologists in Focus

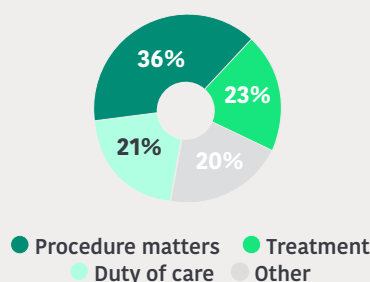
Incidents & Claims Insights | 1 Jan 2023 - 31 Dec 2024



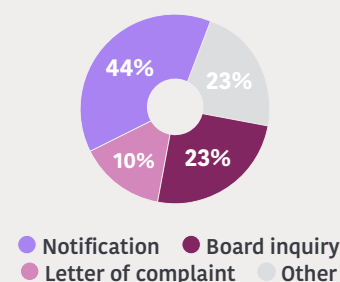
## 1 in 12

Gynaecology (and Obstetrics) Members notified MDA National of a medico-legal case in 2024, a decrease from 1 in 6 in 2023.

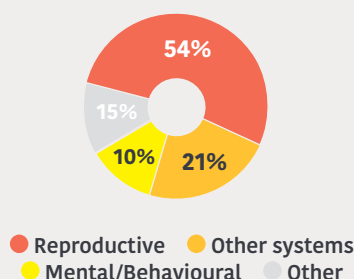
Top 3 Incident Areas



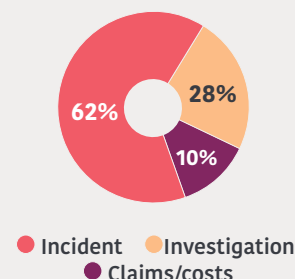
Top 3 Claim Types



Top 3 Injury Types



Top 3 Case Types



## Key Themes from MDA National Case Data



### Procedural matters

50% of procedural matters related to complications that occurred during the procedure. These were mostly related to laparoscopic procedures resulting in tears or injuries to the bladder or bowel.

Post procedure complications ranged from difficulty with sexual function to long term issues with insertion of items such as a mesh sling.



### Patient care

62% of matters raised related to an alleged injury or complication involving the patient giving birth, rather than the infant. 38% of these occurred during or pre delivery, the remaining 62% occurred outside of pregnancy. As noted above this includes pre and post procedure as well as consent matters, diagnosis, general duty of care and treatment matters.



### Medico-legal risk

While the majority of cases (85%) were low in medico-legal risk, the nature of the injury was still significant, highlighting the potential long term impact on both patients and medical practitioners.

25% of the matters raised related to the infant, either during delivery or in the course of care prior to birth. This included prenatal testing for certain conditions, as well as complications or injuries sustained during delivery.

## Case Scenario\*

Member performed dilation and curettage. Patient alleged that the Member punctured patient's fallopian tubes and complained to Ahpra. The matter was referred, and the Board was satisfied that the Member was practising within the accepted standards of practice. The Board also acknowledged the importance of outlining potential known complications of the procedure to the patient, which was done by the Member. The Member also provided an apology to the patient for their unfortunate experience. No further regulatory action was required.

While it is unfortunate that complications may occur, keeping accurate and up to date records with evidence of consent, and a clear explanation of potential risks or complications may assist if any complaints are made.

## Looking for more info?

MDA National provides a variety of resources to support you in areas such as consent, medical documentation and complaints. Explore the links below for direct access.

### Case Studies & Articles

- [First trimester pregnancy care – don't miss the window](#)
- [Non-Invasive Prenatal Testing – Ethical & Medico-legal Issues](#)
- [Consent for Treatment](#)
- [Managing patient complaints](#)
- [Laser vaginal rejuvenation devices cancelled from ARTG](#)
- [Genetic carrier testing before and during pregnancy](#)
- [Gillick competence and the mature minor](#)

### Learning Activities

- [Introduction to Open Disclosure](#)
- [Informed consent challenges](#)
- [Noteworthy: The how what where and why of medical documentation](#)
- [The challenging emotions of difficult news](#)
- Check [MDA National LMS catalogue](#) for online and face to face workshops on 'Noteworthy - medical documentation' and 'Patient boundaries'

It is essential that MDA National is notified of any potential incidents or claims. Early notification ensures that tailored advice and support are available when needed and helps us prepare effectively should the matter progress.

For more information, please contact [advice@mdanational.com.au](mailto:advice@mdanational.com.au) or call us on **1800 011 255**. Members can access our **Member Online Services, Support in Practice** or our **LMS** for information and education content.

Members have access to individualised advice and support and Member benefits. Non-members have limited access to our library of resources and education content.



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