



Preliminary Results of Childbirth Accident Emergency Relief System in Taiwan

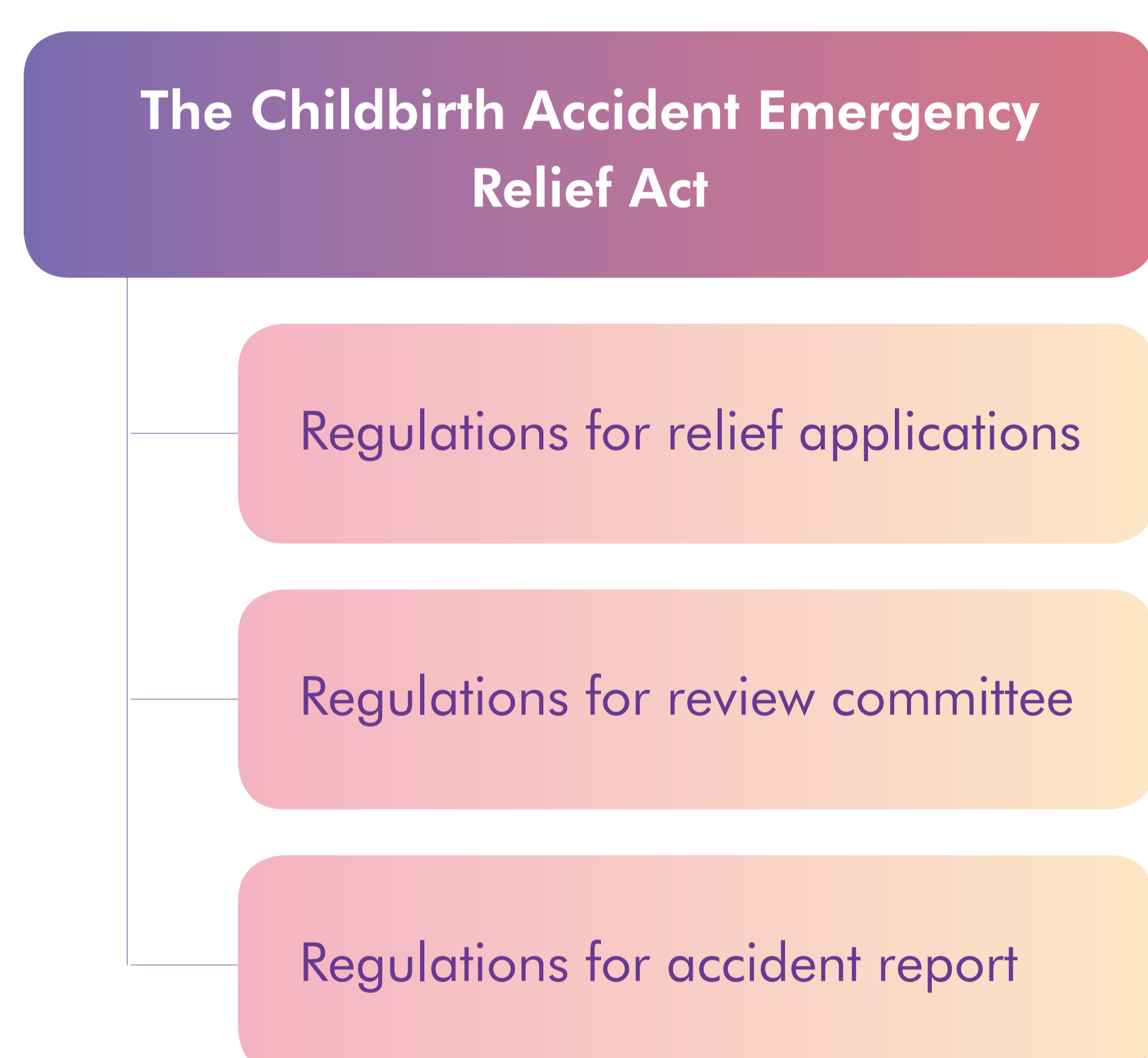
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Origin of the Act

In the past 20 years, the number of medical disputes in Taiwan has been on a rise year by year, especially in obstetrics practice, which has directly caused the plight of obstetricians and created a crisis in the future maternal and children care.

Taiwan implemented a pilot program for childbirth accident between 2012 and 2016 to provide timely compensation in the event of accident. The participating institutions in this pilot program reported new births accounting for 88.7% of births countrywide. During the pilot project of Childbirth Accident Compensation, the situation of medical malpractice litigation was indeed improved. The pilot program caused the number of obstetric medical disputes to fall by 72%. Application of obstetrics and gynecology residents also improved.

As a result of this pilot program, the Ministry of Health and Welfare, Taiwan Association of Obstetrics and Gynecology, and social communities worked together to promote the legislation of the "Childbirth Accident Emergency Relief Act" and expected to improve the obstetrical practice environment through the promotion of the No-blame relief / compensation bill. The Act took effective in June 2016 and extended the coverage to nationwide.



Types of relief

"Childbirth accident" refers to serious harm or death of puerperae, fetuses, and newborns resulting from childbirth. The relief will be granted to the following types of childbirth accidents:

- Death benefit: If the puerperae or newborn dies, the payment will be made to the statutory heir. If the fetus is stillborn, the payment will be made to the mother. The maximum benefit payment will be NT \$2 million.
- Major injury benefit: The injured will receive the benefit payment for major injury, at maximum amount of NT \$1.5 million. The major injuries include hysterectomy or impairment with moderate degree or above.

Patient Safety improvement

According to Article of the Act, hospitals shall set up a childbirth accident care group and accident reporting mechanism.

- Childbirth accident care group: Hospitals shall set up a group to provide assistance to puerperae, her family, or family members in two working days after the occurrence of a childbirth accident. (Article 4 of the Act)
- Accident reporting mechanism:



To prevent and reduce childbirth accident risks, medical care institutions and midwifery agencies shall develop in-house risk control and incident reporting mechanisms. They shall analyze the root causes of severe childbirth accidents and make proposals for improvements. (Article 22 of the Act)

Results of the relief

First year after the effective of the Act, a total of 146 applications were granted relief by the Childbirth Accident Emergency Relief Review Committee of the Ministry of Health and Welfare. The total amount of relief granted was about NT \$ 50 million.

Accident Reporting

A total of 1,184 notifications were collected from 157 institutions. Maternal age at birth was 35–39 years old in 32.77% (n=388) cases, and 39.87% were high-risk pregnancies (n=181). In total, 63.26% (n=575) of the cases originated in medical centers, and 33.47% (n=327) of cases were transferred from other hospitals.

Among all the death or injury cases, the rate of fetal death after 20 weeks is the highest for 51.3% (n=545). Of fetal death cases, the third trimester accounted for the largest percentage (51.19%, n=279), unexplained fetal death was the commonest type of fetal death (87.8%). Fetal deaths in the second trimester accounted with a plurality caused by genetic defects or dysplasia (40.1%). Secondly, neonatal deaths accounted for 18.46% (n=196) of the death or injury cases; of these, respiratory distress accounted for 27.84%. Thirdly, major maternal injury accounted for 16.8% (n=178) of the cases because of postpartum hemorrhage caused by hysterectomy or amniotic fluid embolism (72.2%).

Conclusion

The Childbirth Accident Emergency Relief Act is Taiwan's first non-fault, medical compensation program and the world's first that covers all childbirth accident and not aim at punishment or attribution of responsibility. Long-term trends should be monitored to reduce injuries and risk resulting from pregnancies or childbirth.

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