Research Article

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Exploring the alignment between incident reporting, patient complaints and litigation in maternity care

Abstract

Background: The study investigates the alignment between patient complaints, litigation cases, and significant untoward incidents (SUIs) in the Coombe Hospital, Dublin, following the release of Ireland's national maternity strategy in 2016. The analysis examines data from written complaints, active formal litigation cases, and SUI reports, aiming to understand overlaps and distinctions between these categories.

Methods: A categorisation system was created based on a combination of the Health Service Executive (HSE) charter system and the Coombe Hospital complaint system. The study accessed databases maintained by the Quality Patient Safety Department, ensuring anonymity of individuals involved. All cases were individually categorized. If there was more than a single issue in a complaint it was assigned multiple codes as appropriate.

Results: Analysis of 1037 complaints, 104 litigation cases, and 124 SUIs revealed significant differences between complaints and both litigation cases ($\chi^2 = 221.4$, $p < 0.001$) and SUIs ($\chi^2 = 263.1$, $p < 0.001$). However, there was no significant difference between litigation cases and SUIs ($\chi^2 = 4.0$, $p = 0.14$), suggesting similarities in issues leading to legal action and those classified as SUIs.

Conclusions: Investment in the SUI system is crucial for promoting a culture of learning and improvement in maternity care. By leveraging insights from SUI investigations, healthcare providers can proactively identify areas for enhancement, ultimately enhancing patient safety and potentially reducing the likelihood of litigation.

Keywords: litigation, maternity, significant untoward incidents, birth

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Introduction

The Coombe Hospital is a large tertiary hospital located in central Dublin delivering more than 6,500 babies each year. In 2016 the national maternity strategy was released in Ireland, which recommended a robust system for investigating complaints and significant untoward incidents (SUI).[1] If there is an unexpected adverse outcome that meets the criteria for reporting set out by the department of risk, it is automatically recorded and analysed by the risk department in the hospital to investigate if there have been any deficiencies in the care received. In this situation the members of staff report a clinical incident for investigation by a hospital appointed committee to address suspected deficiencies or failures in the standard of care. The principle is that addressing the causes of an SUI will lead to a reduction in the numbers of patient complaints and litigation cases.[2] Patients can also register dissatisfaction with the service by complaining. There are two primary routes taken by patients who are not happy with any aspect of care. The HSE program of "your service, your say" is an official route that can be taken by the patient if they wish to submit a complaint to the service. Verbal complaints to staff members are also recorded.

If there has been a significant incident that has resulted in morbidity or mortality to either the mother or the baby, the patient has the option of taking a legal case against the hospital. Some patients take the legal route without registering a complaint. Through litigation the patient or their representatives act via a lawyer to issue a claim against the hospital to be settled by the judiciary. The cost of managing outstanding medicolegal claims in Ireland currently stands at 3.85 billion euros. The cost of claims has increased by 270% since 2013 on a background of an overall health budget increase of 53% in the same period. Claims related to childbirth represent 23.6% of the total 3875 active claims. However, their estimated cost reportedly accounts for 63% of the total outstanding liability. Of these claims, payments related to catastrophic birth injury relate to 72% of the total legal costs.[3] The disproportionate impact and cost of obstetric incidents mirrors findings in the UK.[4]

Patients take claims against healthcare systems and healthcare workers for a variety of reasons. Patients taking legal action have reported wanting greater honesty, an appreciation of the severity of the trauma they had suffered, and assurances that lessons had been learnt from their experiences.[5] In cases of catastrophic birth injury, cases are taken to pay for services the state may not be reliably able to provide.[5]

Unfortunately, the medicolegal process does not always provide these outcomes and many who take legal claims are left unsatisfied and even harmed by the experience.[6] The process has been described as "(the) inherent irony is (…) the legal process itself is retraumatising".[7]

Previous work has suggested that complaints made by patients and subsequent significant incidents often overlap.[8] However, research in gynaecology indicates that gynaecological complaints and subsequent litigation do not overlap.[9] At present, there is no studies investigating if the issues raised in SUI reporting and litigation overlap. Through a quality improvement cycle, suboptimal processes can be identified and improvements can be implemented.

The primary goal of this study is to investigate if the origin of a SUI corresponds, in terms of the aetiology, with the causes of complaints and litigation. In line with Ireland's national maternity strategy, it is of the utmost importance that the correct issues are being addressed

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by the SUI reporting system and that learnings can be brought from this that enhance patient safety and provide explanations for adverse events.

Methods

The Coombe Hospital has a Quality Patient Safety Department that assesses all written complaints and formal litigation to the service and addresses the relevant issues. A contemporaneous data base of complaints and resolutions is maintained. A separate contemporaneous database of active formal litigation cases is also maintained. These were combined with the data on SUIs that was maintained since 2021. SUIs involve investigation of serious incidents such as a stillborn delivery of a normally formed baby or a baby that was treated for hypoxic ischaemic encephalopathy. Both data bases were accessed by the study team after anonymising the complainant/litigant and any named individual clinician or health care worker.

A common categorisation system was created based on a combination of the Health Service Executive (HSE) charter system (Table 1) and the Coombe Hospital complaint system (Table 2). Each complaint, litigation case and SUI was assessed individually by a team member and categorised on the common categorization system. If there was more than a single issue in a complaint it was assigned multiple codes as appropriate. The number of complaints related to the covid-19 pandemic during 2020 and 2021 were also included.

Table 1 The Health Service Executive charter for patient care

Code	
1. Access	Our services are organized to ensure equity of access to public health and social care services
2. Dignity and respect	We treat people with dignity, respect and compassion. We respect diversity of culture, beliefs and values in line with clinical decision making
3. Safe and effective services	We provide services in a safe environment, delivered by competent, skilled and trusted professionals
4. Communication and information	We listen carefully and provide clear, comprehensive and understandable health information and advice
5. Participation	We involve people and their families and carers in shared decision making about their health care
6. Privacy	We ensure adequate personal space to ensure privacy in providing care and personal social services. We maintain strict confidentiality of personal information
7. Improving health	Our services promote health, prevent disease and support and empower those with chronic illness to selfcare
8. Accountability	We welcome your complaints and feedback about care and services, investigate your complaints and work to address your concerns

The assessments were tabulated using Excel (Microsoft Corporation) and analysed using SPSS (IBM. Armonk, New York, US) and icalcu.com. This study was passed by the hospital audit and quality committee (Aqua approval 2023-08-09). Data visualisation were made using Microsoft Excel.

Table 2 The Coombe Hospital complaints classification syste

Access	Safe and effective care
• Accessibility / resources	• Adequate human resources
• Appointment - delays	• Diagnosis
• Appointment - other	• Test
• Admission - delays	• Continuity of care (internal)
• Admission - other	• Continuity of care (external)
• Hospital facilities	• Discharge
• Hospital room facilities	• Health and safety issues
• Parking	• Health care records
• Transfer issues	• Hygiene
• Transport	• Infection prevention and control
• Visiting times	• Patient property
• Other access	• Medication
	• Tissue bank
	• Treatment and care
Dignity and Respect	**Communication and information**
• Alleged inappropriate behavior	• Communication skills
• Delivery of care	• Delay and failure to communicate
• Discrimination	• Diverse needs
• End of life care	• Information
• Ethnicity	• Telephone calls
• Other dignity and respect	• Other communication and information
Participation	**Improving health**
• Consent	• Empowerment
• Parental access and consent	• Holistic care
• Patients / family / relatives	• Catering
• Other participation	• Smoking policy
	• Other improving health
Accountability	
• Patient feedback	
• Finance	
• Other accountability	

Results

The results are outlined in Table 3 and Figure 1.

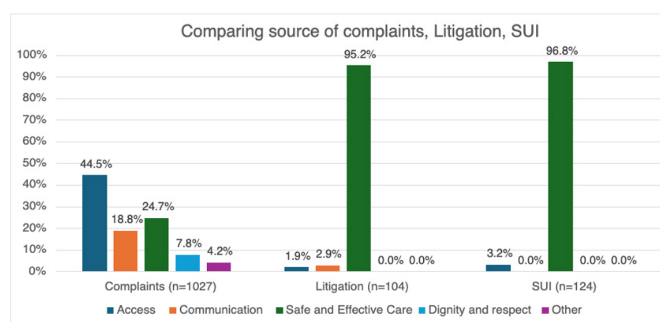

Figure 1 The categorisation of 1037 patient complaints, 104 litigation cases and 124 cases investigated as a SUI.

Analysis of category of complaints (n= 1037) v litigation (n=104) indicated they were significantly different (chi-sq 221.4, p<0.001).

Category of complaints were also significantly different from SUI cases (n=124) (chi-sq 263.1, p<0.001). When litigation cases were compared to SUI cases there was no significant differences (chi-sq 4.0, p=0.14, analysis based on categories with positive findings)

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Table 3 A comparison of the etiology of 1037 complaints made by 908 women and 104 litigation cases made by 92 women against the Obstetric service at the Coombe Hospital and 124 SUIs investigated at the same institution

Categories		Complaints	Litigation	SUI
		n=1037	n=104	N=124
Access				
1a	Delay	89	0	0
1b	Access to appropriate clinician	39	0	0
1c	Hospital facilities	25	2	4
1d	Access (other)	294	0	0
1e	Carpark	10	0	0
Subtotal		457 (44.1%)	2 (1.9%)	4 (3.2%)
Communication				
2a	Explanation of information	5	1	0
2b	Communication skills	121	1	0
2c	Incorrect information	12	1	0
2d	Lack of information	55	0	0
Subtotal		193 (18.6%)	3 (2.9%)	0
Safe and effective care				
3a	Diagnosis	10	10	0
3b	Continuity of care	24	1	0
3c	Treatment and care	165	47	110
3d	Complication	7	41	10
3e	Lack of staffing	1	0	0
3f	Health care records	10	0	0
3g	Hygiene / infection prevention&control	37	0	
Subtotal		254 (24.5%)	99 (95.2%)	120 (97%)
Dignity and respect				
4a	Inappropriate behaviour	74	0	0
4b	Discrimination	6	0	0
Subtotal		80 (7.7%)	0	0
Participation				
5	Consent	8	0	0
Subtotal		8 (0.8%)	0	0
Privacy				
6	Lack of privacy	16	0	0
Subtotal		16 (1.5%)	0	0
Improving health				
7a	Catering	14	0	0
7b	Smoking policy	1	0	0
Subtotal		15 (1.4%)	0	0
Accountability				
8a	Finance	12	0	0
8b	Personal items	2	0	0
Subtotal		14 (1.4%)	0	0
Overall		1037	104	124

A total of 124 significant untoward incidents (SUIs) were recorded across the study period. The majority fell within Category 3c (perinatal death/HIE), which accounted for the predominant share of incidents in every year. Annual counts varied markedly: 56 incidents were logged in the pooled pre-2020 period and 17 in 2020, all of which were Category 3c. The lowest annual total occurred in 2021 (n = 7) and 44 in 2022.

Discussion

Complaints vs. Litigation

The analysis indicates a significant difference between the categories of complaints and litigation cases ($\chi^2 = 221.4$, $p < 0.001$). Similarly, in a general study in the United Kingdom, most litigation and complaints were not preceded by a clinical error.[8] The findings

of the current study agree with a study in the same institution where MacAuley et al found gynaecological complaints and litigation had different aetiologies.[9]

This suggests that the types of issues or concerns raised through formal complaints are distinct from those that result in litigation against the hospital. It implies that while there may be a considerable number of complaints, they may not always lead to legal action against the hospital. Measures taken to reduce complaints are unlikely to reduce the number of litigation cases. Irish women have ready access to legal assistance for medicolegal cases. It is notable the complaints are usually contemporaneous and litigation may take up to 2 years to be initiated and many more years to be concluded therefore our conclusions are limited by this time difference.

Complaints vs. Significant Untoward Incidents (SUI):

Similar to the comparison with litigation cases, there is a significant difference between the categories of complaints and SUI cases ($\chi^2 = 263.1$, $p < 0.001$). This indicates that the issues reported through complaints are notably different from those classified as SUIs.

It implies that not all incidents that result in complaints are necessarily classified as significant untoward incidents.

Litigation vs. SUI

In contrast to the 2 previous comparisons, there's no significant difference between litigation cases and SUI cases ($\chi^2 = 4.0$, $p = 0.14$).

This suggests that the issues leading to litigation and those classified as SUI are similar in nature. It indicates that incidents resulting in litigation are more likely to be classified as a SUI. It follows that successful learning issues derived from SUIs have the potential to reduce the number of litigation cases.

Differences between groups

While complaints, litigation cases, and SUIs all represent different aspects of issues within the maternity hospital, they vary in terms of the types of concerns they encompass. Complaints seem to represent a broader range of issues compared to litigation cases and SUIs. However, there is a close alignment between incidents leading to litigation and those classified as a SUI. The findings of this study performed in a woman's hospital reflect the system of SUI reporting and investigation is looking in the correct areas of practice with respect to litigation but is unlikely to impact on the areas that lead to patient complaints. It would be interesting to study how many of the SUI cases progress to litigation. As there may be years before litigation is initiated, the link to previous SUIs is difficult and beyond the scope of the current data.

COVID-19

The impact of the COVID-19 pandemic is evident across the data. Recorded SUIs fell markedly during the pandemic period, dropping from 56 pre-2020 to 17 in 2020 and a low of 7 in 2021, before rising again to 44 in 2022.This dip likely reflects reduced activity and altered service delivery. Overall, 290 (28%) of complaints related to COVID-19. Access was the single largest complaint theme, accounting for 44% of all complaints, with 30% of overall complaints and 66% of access-related complaints categorised as access (other). This code captured partners not being allowed into the hospital during the pandemic, and showed an obvious rise across 2020 and 2021, mirroring the period in which restrictions were most stringent.

Impact of litigaiton

A survey of doctors-in-training in obstetrics and gynaecology in Ireland found that trainees perceived medicolegal issues and media scrutiny as having a negative impact on recruitment and retention. A recent survey indicated that over three-quarters of trainees considered leaving the speciality over these concerns.[10] Related Irish work has shown that fear of being sued, being reported to the regulator, or criminal prosecution influences perceptions of careers in obstetrics and gynaecology, with 34% considering early retirement and 21% considering emigration because of the medicolegal/regulatory climate.[11] Fear of medicolegal consequences also affects practising clinicians. Previous research in the United States has indicated that doctors change practice following medico-legal activity, with an increased rate of Caesarean section following litigation.[12]

Despite the rising medicolegal costs, Ireland is a safe country by European standards to give birth. The Perinatal mortality ratio (PMR) was 4,30 per 1,000 births in 2023 which has reduced since a previous report in 2018.[13] The rate of Severe Maternal Morbidity (SMM) was 5.95 per 1,000 maternities or one in 168 maternities. Between 2011-2021, the SMM rate has increased by 65%, however, since 2015, the SMM rate has been relatively stable.[14]

Strengths and weaknesses

The strengths of this study lies in its comprehensive, uniform analysis of multiple data sources, including complaints, litigation cases, and SUIs. This triangulation of data provides a holistic understanding of the issues affecting maternity care within the Coombe Hospital. It also shows statistical significance in the overlap between SUI and litigation cases.

One possible weakness of this study is the variable timeframes between litigation cases and SUIs. As litigation cases may take years to conclude, there is a risk that some incidents captured in our analysis may not be reflected in the current SUI data, leading to potential discrepancies in the findings.

Conclusion

The significant differences observed between categories of complaints, litigation cases, and SUI incidents highlight the multifaceted nature of patient concerns and adverse events.

Notably, while complaints serve as a channel for raising various issues, they may not always escalate to legal action against the hospital. Conversely, the alignment between incidents leading to litigation and those categorized as SUI underscores the effectiveness of the SUI system in identifying and addressing adverse events.

Considering the negative impact that litigation has patients as well as the healthcare workers involved in these cases, learning from significant incidents and implementing the lessons gleaned from these should prevent similar incidents from recurring.

Moving forward, continued investment in the SUI system will be essential in fostering a culture of learning and continuous improvement within the hospital. By leveraging the insights gleaned from SUI investigations, healthcare providers can proactively identify areas for improvement.

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Conflicts of interest

The authors declare no conflicts of interest.

References

1. Department of Health. *National Maternity Strategy - Creating a better Future Together*. Report No. 1. Department of Health; 2020.
2. Simon NV, Heaps KP, Chodroff CH. Improving the processes of care and outcomes in obstetrics/gynecology. *Jt Comm J Qual Improv*. 1997;23(9):485–497.
3. Committee of Public Accounts. *Debate on 2021 financial statements of the state claims agency & chapter 20: management of the clinical indemnity scheme of the report on the accounts of public services 2021*. Houses of the Oireachtas; 2023.
4. Chandraharan E, Arulkumaran S. Medico-legal problems in obstetrics. *Curr Obstet Gynaecol*. 2006;16(4):206–210.
5. Vincent C, Young M, Phillips A. Why do people sue doctors? A study of patients and relatives taking legal action. *Lancet*. 1994;343(8913):1609–1613.
6. Halleck SL. Perils of being a plaintiff: impressions of a forensic psychiatrist. *Clin Orthop Relat Res*. 1997;(336):72–78.
7. Strasburger LH. The litigant-patient: mental health consequences of civil litigation. *J Am Acad Psychiatry Law*. 1999;27(2):203–211.
8. Goldsmith P, Moon J, Anderson P, et al. Do clinical incidents, complaints and medicolegal claims overlap? *Int J Health Care Qual Assur*. 2015;28(8):864–871.
9. MacAuley C, Ghaithi HA, Dunne N, et al. A review of medico-legal cases and patient complaints in relation to gynecology care. *AJOG Glob Rep*. 2023;3(1):100137.
10. McCarthy CM, Meaney S, O'Sullivan S, et al. A qualitative review of challenges in recruitment and retention in obstetrics and gynecology in Ireland: The consultants' solution based perspective. *PLoS One*. 2022;17(12):e0279635.
11. Tumelty ME, Spain E, Cheema A, et al. The impact of the current medico-legal and regulatory culture in Ireland on the decision of graduate entry medical school students to pursue a career in obstetrics and gynecology. *Eur J Obstet Gynecol Reprod Biol*. 2024;303:42–47.
12. Zwecker P, Azoulay L, Abenhaim HA. Effect of fear of litigation on obstetric care: a nationwide analysis on obstetric practice. *Am J Perinatol*. 2011;28(4):277–284.
13. San Lazaro Campillo I, Manning E, Corcoran P, et al. Perinatal Mortality National Clinical Audit Governance Committee. *Perinatal Mortality National Clinical Audit in Ireland Annual Report 2023*. National Perinatal Epidemiology Centre; 2025.
14. Leitao S, Manning E, Corcoran P, et al. Severe Maternal Morbidity Group. *Severe Maternal Morbidity in Ireland Annual Report 2020*. National Perinatal Epidemiology Centre; 2022.

Citation: Leahy C, Nazir S, McAuley C, et al. Exploring the alignment between incident reporting, patient complaints and litigation in maternity care. *Obstet Gynecol Int J*. 2026;17(3):138–142. DOI: 10.15406/ogij.2026.17.00836