

Labor & Delivery: Nurses Delayed Calling Physician Re Bradycardia.

The patient came to the hospital for induction of labor. Her previous pregnancy had resulted in a delivery by cesarean section.

This time the mother suffered a ruptured uterus from hyperstimulation of the uterus caused by failure of the nurses to monitor the administration of pitocin. The ruptured uterus was followed by abruption of the placenta, an event which placed the fetus in grave and immediate danger.

The fetal heart rate slowed drastically and then disappeared altogether, but the nurses waited approximately fifteen minutes before the first call was made to obtain assistance from a physician.

The child was delivered by cesarean very quickly after the physician was made aware of the situation, but not before an estimated eighteen to twenty minutes of complete oxygen deprivation.

The family's lawsuit against the hospital in the Court of Common Pleas, Montgomery County, Ohio resulted in a \$30,000,000 verdict against the hospital for the negligence of the labor and delivery nurses.

The labor and delivery nurses were faulted for failing to appreciate that management of the pitocin drip requires special vigilance in a post-cesarean vaginal induction. The nurses needed to watch carefully the intensity of the contractions and the resting tone and adjust the pitocin drip, stop it altogether and/or reporting to the physician when problems were encountered.

Whatever happened to cause the fetal bradycardia and loss of the heart tone, immediate and decisive action was required by the nurses at the point that became apparent, the lawsuit alleged.

The jury apparently discounted arguments by the hospital's attorneys that the mother had signed an informed consent form indicating she understood the significant risks associated with induction of labor in a pregnancy subsequent to a cesarean section. **Stanziano v. Miami Valley Hosp.**, 2009 WL 3167368 (Ct. Comm. Pl. Montgomery Co., Ohio, July 6, 2009).