

Labor And Delivery Nursing: Court Ruling On Standard Of Care For Post-Term Mother.

The U.S. District Court for the Southern District of Florida recently awarded a substantial verdict to parents whose child was born with profound neurologic deficits stemming from hypoxic injury during labor and delivery. The court faulted the labor and delivery medical and nursing staff at the hospital for multiple departures from the applicable professional standards of care.

Persistent prolonged decelerations of the fetal heart rate are an ominous sign indicating the fetus is suffering from lack of sufficient oxygen and is in neurological distress which could lead to permanent injury if the condition is not promptly resolved, according to the court.

Labor and delivery nurses have the responsibility to closely monitor fetal heart monitor tracings, to recognize and appreciate the gravity of the risk to the fetus that abnormal signs can pose, and to communicate significant abnormal findings to the physician, according to the testimony which the court heard in this case from a perinatal nurse specialist who the court ruled was qualified as an expert witness.

This is a general statement of a labor and delivery nurse's legal responsibility. This responsibility becomes especially acute with a high-risk pregnancy. A post-term pregnancy, especially where a condition of decreased amniotic fluid has been detected by the physician, is a high-risk pregnancy, the court ruled.

Nurses must recognize that failure of labor to progress, that is, failure of the cervix to dilate, is very dangerous in a high-risk pregnancy. Giving p.r.n. pain medications can impede the progress of labor, and it is a nurse's responsibility to act accordingly, the court cautioned.

When an emergency cesarean has been "called" by the physician, nursing and medical personnel are responsible for getting the procedure done within thirty minutes, under current ACOG standards, the court also ruled. **Wareing vs. U.S., 943 F. Supp. 1504 (S.D. Fla., 1996).**

A post-term pregnancy calls for heightened vigilance by the labor and delivery nursing and medical staff, especially when decreased amniotic fluid or oligohydramnios has been detected.

Labor and delivery nurses must adequately monitor and chart the information transmitted through the fetal heart monitor, normal findings as well as ominous signs like prolonged deceleration of the fetal heart rate. Again, the nurse's duty is especially acute with a post-term mother with decreased amniotic fluid.

The nurse must report any suspicious findings from the heart monitor to the physician immediately.

Nurses must recognize that giving p.r.n. narcotics can slow the progress of labor.

When post-term labor fails to progress, that is, when the cervix fails to dilate, a cesarean must be done. Nurses and physicians share responsibility for seeing that an emergency cesarean is done within thirty minutes of when it is "called" by the physician.

UNITED STATES DISTRICT COURT,
FLORIDA, 1996.

Informed Consent: Nurse Getting Patient To Sign Form Judged Improper, Doctor Faulted By Court.

Courts have for centuries upheld the rule that patients can sue physicians for surgical procedures done without the patient's informed consent.

The patient's informed consent is required before surgery. The patient has the right to know the identity of the physician who will actually do the procedure. The patient can refuse treatment if the patient objects to the physician delegating the procedure to another physician or physicians.

Having a nurse get the patient to sign a consent form for surgery under the direction of a named physician "et al." is invalid without an explanation that "et al." means some other physician might be the one actually doing the procedure.

Explaining the language of the surgical consent form to the patient is the physician's responsibility.

SUPERIOR COURT OF PENNSYLVANIA,
1996.

The Superior Court of Pennsylvania ruled recently that a patient can sue a physician who fails to explain what is going on and passes off to a nurse the task of getting the patient's signature on a confusing or ambiguous surgical consent form the patient does not understand. **Grabowski vs. Quigley, 684 A. 2d 610 (Pa. Super., 1996).**