

Labor & Delivery, Pitocin, Fetal Monitors: Court Finds Evidence Of Nursing Negligence.

The mother was admitted to the labor and delivery unit at 10:10 p.m. for induction of labor.

The baby was delivered vaginally at 5:27 p.m. the next afternoon with the umbilical cord around her neck. She did not start breathing on her own for almost seven minutes and then began having seizures.

A pediatric neuroradiologist, who performed ultrasound scans on the child's brain and who would later submit an expert report for the family in their lawsuit against the hospital, related the child's problems to asphyxia consistent with bradycardic events prior to her delivery.

The Court of Appeals of Texas accepted reports prepared by the family's experts, an ob/gyn physician, a labor and delivery nurse and the pediatric neuroradiologist which pointed directly at the negligence of the labor and delivery nurses.

Family's Medical Expert

When Cytotec has been used for cervical ripening followed by IV Pitocin for induction of labor, the labor and delivery nurses have the responsibility to maintain readable tracings of the fetal heart tones and the maternal contraction patterns. The nurses should not start or continue Pitocin when there are non-reassuring fetal heart tracings, when the contractions cannot be monitored or with uterine hyperstimulation. The physician must be notified of non-reassuring fetal heart tracings.

Family's Nursing Expert

When Pitocin is in use the nurse must see to it that the equipment that monitors uterine contractions is recording the mother's contractions, the family's nursing expert said.

Review of the fetal heart monitor tracings showed several lengthy intervals of non-reassuring heart rates. The records further revealed that a nurse increased the Pitocin even with late decelerations with decreased variability, until it was eventually decreased and then stopped a few hours before birth by a different nurse, but then restarted again until the birth with ominous tracings showing on the monitor. **Abilene Reg. Med. Ctr. v. Allen**, __ S.W. 3d __, 2012 5951982 (Tex. App., November 29, 2012).

The patient's nursing expert explained that the Pitocin drip is usually controlled by the labor and delivery nurse.

It is increased to increase contractions and decreased or stopped altogether if the contractions get too strong, too long or too close together.

The Pitocin is to be adjusted based on whether the baby's fetal heart tracings are reassuring or non-reassuring. It is only increased if the tracings are reassuring.

The nursing expert's review of the chart revealed that the tocotransducer which identifies the beginning and end of each of the mother's contractions was not working for the first three hours after the mother was admitted to the labor and delivery unit.

There were also numerous intervals evident from the fetal monitor tracings of non-reassuring tones that should have been but were not reported.

If the physician had been notified of the non-reassuring tones a cesarean could have been done early on to save the child from brain damage.

COURT OF APPEALS OF TEXAS
November 29, 2012

Labor & Delivery: Nurses Ruled Not Negligent.

The patient was admitted to the hospital through the E.R. for what were at the time believed to be labor pains.

She was thirty-one years old and thirty-three weeks pregnant and was considered high-risk due to obesity, insulin-dependent diabetes, four previous cesareans and having given birth to very large twins.

The labor and delivery nurse immediately started a fetal heart monitor and a tocodynamometer and performed a vaginal exam which showed no dilation of the cervix. The patient's ob/gyn who had delivered her other children likewise found no dilation and gave orders for monitoring her blood sugars and giving insulin.

Later that morning the patient's abdominal pain increased and so the nurse paged her physician. The nurse was getting no heart tones on the monitor so she asked another nurse to keep checking for a fetal heartbeat while she kept paging the physician. A few minutes later the physician called and said he was on his way. The nurse documented all this in the chart.

The physician was there within minutes and delivered the baby by cesarean, but there had been a complete uterine rupture and separation of the placenta.

The labor and delivery nurse's assessment was correct that the mother was not actually in labor.

When the fetal heart tone was lost a nurse promptly began trying to reach the physician while another nurse kept trying to get a fetal heartbeat.

COURT OF APPEALS OF MISSISSIPPI
December 11, 2012

The Court of Appeals of Mississippi ruled there was no deviation from the standard of care by the patient's labor and delivery nurses. **Norris v. Southwest Miss. Reg. Med. Ctr.**, __ So. 3d __, 2012 6118005 (Miss. App., December 11, 2012).