

Nurse As Patient Advocate: Court Tones Down Scope Of Labor & Delivery Nurses' Responsibility.

The Court of Appeals of Minnesota began its discussion of the legal issues by pointing out that the hospital in question is not a tertiary care facility and is not well equipped to handle neonates with special medical needs.

Polyhydramnios

Increased Risk of Diaphragmatic Hernia

The court accepted the family's medical experts' opinions that excessive amniotic fluid late in pregnancy can present a heightened risk of diaphragmatic hernia in the neonate.

The court also acknowledged that the mother's obstetrician had been treating her for polyhydramnios and then the infant was correctly diagnosed with a diaphragmatic hernia about two hours after birth.

Nurses Acted Within Standard of Care

One of the labor and delivery nurses who assisted in the birth took the baby to the nursery, closely monitored his condition and reported back to the obstetrician he was having continuing respiratory problems.

The hernia showed up on x-ray and the blood gases were not good, so the process was started to transfer him to the specialized children's hospital in a large city.

Nurses Did Not Fail

To Advocate for Patient

The court rejected the family's allegation that the mother's polyhydramnios diagnosis put the responsibility on the labor and delivery nurses as patient advocates to assemble on their own a physician team including a neonatologist and anesthesiologist with the expertise to ventilate a neonate with a diaphragmatic hernia.

Nurses are required to substitute their own judgment only when the physician's action or inaction is obviously negligent or in cases when an obvious emergency exists. **Huisman v. Chambers, 2008 WL 5136271 (Minn. App., December 9, 2008).**