

Cytotec Induction Of Labor: Nurse Midwife Cleared Of Negligence For Uterine Damage.

The mother's labor had to be discontinued in favor of a cesarean when the mother's blood pressure spiked and the fetus's heart rate dropped ominously.

During the cesarean the physician discovered the mother's uterus had been damaged and made the judgment to go ahead with a hysterectomy on the spot. The baby was born unaffected but the mother did lose her uterus.

Lawsuit Attempts to Fault Nurse Midwife's Care

The mother sued the hospital for alleged negligence by the nurse midwife who provided her prenatal care and stayed with her during induction of her labor with Cytotec, right up to the point the midwife's and the labor and delivery nurse's monitoring of her labor indicated it was time to call in the physician for a cesarean.

The Court of Appeal of Louisiana upheld the jury's verdict clearing the nurse midwife and the hospital of the allegations of negligence.

The nurse midwife did an ultrasound which showed the baby was large. The mother was showing early signs of pre-eclampsia. It was time to get her in and induce labor, the nurse midwife concluded.

The nurse midwife fully explained the mother's options and got informed consent to induce labor with Cytotec. The nurse midwife followed the hospital's medical protocol to the letter for use of Cytotec and competently monitored her patient.

Attentive monitoring of the patient by the nurse midwife and a staff nurse led to the emergency cesarean.

Damage to the uterus is one possible consequence of induction of labor, whether a nurse midwife or a physician is attending to the patient's care.

As long as informed consent is obtained and the patient is treated competently, a bad result, in and of itself, does not prove negligence by a medical or nursing caregiver. **Hypolite v. Columbia Daughterive Hosp.**, ___ So. 2d ___, 2007 WL 2851006 (La. App., October 3, 2007).

Nurses performing medical services are subject to the same standards of care and legal liabilities as physicians.

A nurse midwife who provides prenatal care must competently assess the status of the fetus. The nurse midwife must also competently assess the mother's status, watching particularly for signs of pre-eclampsia.

The nurse midwife must obtain informed consent from the patient as a doctor would by informing the patient of her options regarding natural vaginal delivery, methods for inducing vaginal delivery, and cesarean section. The viability and advisability of each option must be explained to the patient in light of the nurse midwife's assessment of the mother's and fetus's risk factors.

Induction of labor by a nurse midwife must adhere to the hospital's internal standards for dosage and timing, after a competent cervical exam and assessment, and must be accompanied by competent monitoring of the progress of labor.

COURT OF APPEAL OF LOUISIANA
October 3, 2007