

# High-Risk Pregnancy: Death Of Newborn Tied, In Part, To Nursing Negligence.

***The stillbirth of the baby was caused by multiple factors pointing to negligence by the patient's caregivers.***

***A high-risk Type I insulin-dependent maternity patient should be counseled toward induction or other means to accomplish delivery no later than the 39th week, and should not be allowed to go to the end of the 40th week like a normal pregnancy.***

***The couple phoned their facility to report the fetus did not seem to be moving and they wanted to come in for fetal monitoring.***

***Apparently failing to appreciate that it could be an emergency, the facility staff did not call back for more than five hours, that is, until a bed was available on the labor and delivery unit.***

***When the mother did arrive, fetal monitoring was started immediately. The first tracings were normal and reassuring.***

***When the tracings began to show late decelerations without variability, however, a c-section was done promptly, but the baby soon died.***

MEDICAL MALPRACTICE ARBITRATION,  
CALIFORNIA  
January 25, 2007

The twenty-two year-old pregnant mother suffered from Type I insulin-dependent diabetes. Her baby died shortly after birth.

She delivered her baby at a hospital owned and operated by her health maintenance organization (HMO). Being members or beneficiaries of the HMO, the mother's, father's and baby's claims for malpractice could not be filed in court but had to be submitted to binding arbitration before an arbitrator appointed by an independent organization which furnishes arbitrators for civil cases.

The arbitrator awarded the couple \$400,000 for the death of the baby, based in part on the negligence of the HMO nursing staff who provided pre-natal care.

## **Nursing Negligence High-Risk Pregnancy**

Three days before the mother actually went into the hospital she had an outpatient visit with a nurse on the facility's high-risk pregnancy team.

The nurse did a non-stress test that indicated the baby was healthy and examined her cervix for any sign that labor may have started.

The nurse reassured the mother everything was fine and told her to phone the hospital three days later, at the end of her 40th week, for instructions whether or not she was to come in to deliver her child.

According to two medical experts whose opinions the arbitrator relied upon in reaching his decision, labor should be induced for a high-risk maternity patient with Type I diabetes no later than the 39th week.

Therefore, according to the experts, the standard of care for a nurse or anyone else responsible for counseling a high-risk diabetic patient calls for the patient to be advised and prepared for the eventuality of having to come in for induction before the end of the 39th week. **Alejandro v. Kaiser Foundation Hospitals, 2007 WL 816773 (Arbitration, California, January 27, 2007).**