

Labor & Delivery: Nurses Failed To Report Uterine Hyperstimulation.

The child was diagnosed with cerebral palsy at three months of age. By the time his case went to court at age six he was profoundly delayed in development.

The child's injuries were blamed on gradually reduced oxygen during the last hours of his mother's labor, in turn blamed on failure of the hospital's labor and delivery nurses to recognize and report contractions that were rapid and prolonged, signs of uterine hyperstimulation.

The obstetrician had standing orders at the hospital for his labor and delivery patients on Cytotec.

If the mother's contractions lasted longer than 90 seconds or if the interval between contractions was less than 60 seconds, terbutaline was to be given and he was to be contacted.

COURT OF APPEALS OF MINNESOTA
April 6, 2010

The Court of Appeals of Minnesota, upholding a jury verdict in the child's favor against the hospital, endorsed expert testimony outlining the standard of care for labor and delivery nurses under the circumstances of the case.

If six or more contractions are seen in a ten-minute span, the mother can be turned on her left side, which improves circulation to the fetus, and oxygen can be given. If that does not effectively slow the frequency of contractions, terbutaline can be given with a physician's order. That will not stop a contraction, the patient's expert went on to say, but it generally will decrease the frequency and strength. If not, the obstetrician or another physician must be notified.

Nurses cannot just wait and hope that the situation will resolve itself. **Perseke v. Ross, 2010 WL 1286843 (Minn. App., April 6, 2010).**