## LEGAL EAGLE EYE NEWSLETTER August 2007 For the Nursing Profession Volume 15 Number 8

## Labor & Delivery: Court Discusses Standard Of Care For Nurses Assisting In Delivery.

The Court of Appeals of Texas **e**cently ruled that the jury's verdict exonerating the physician and the hospital's labor-and-delivery nurses would be left standing as a satisfactory resolution to a complex malpractice case seeking damages for profound hypoxic neurological injuries suffered by the baby.

The mother was fully dilated and the nurses had her pushing for over an hour when they decided they needed to summon the obstetrician.

The obstetrician right away suspected shoulder dystocia. He used a corkscrew maneuver to try to free the shoulder.

The obstetrician later testified that when shoulder dystocia is known or suspected, the proper course of action for the nurses assisting with the delivery is the McRoberts maneuver.

The nurses flex the mother's legs and push them toward her head while they apply pressure just above the pubic bone.

The problem in this case, it turned out, was not shoulder dystocia.

When the head emerged it was obvious there was a double nuchal cord, that is, the umbilical cord was wrapped twice around the baby's neck. He had to cut the cord at once to go ahead with the delivery.



Nurses assisting with delivery must keep themselves aware of the situation.

The nurses must be able to distinguish which actions can help and which can compromise the baby's safety.

Fundal pressure is contraindicated when shoulder dystocia is present.

Instead, the nurses should use the McRoberts maneuver.

COURT OF APPEALS OF TEXAS July 12, 2007 Once the double nuchal cord was discovered and the cord was cut, the nurses were told to apply fundal pressure.

They push down on the upper abdominal area over the fundus of the uterus in an effort to force the baby out as expeditiously as possible.

In court all the experts agreed that fundal pressure is contraindicated when shoulder dystocia is present, that is, it does not help with shoulder dystocia and can actually delay the birth and harm the baby.

When shoulder dystocia has been an issue, fundal pressure is appropriate only after both shoulders have been released and are visible on the outside.

## **Ambiguous Nursing Documentation**

The verdict was favorable to the nurses despite the nursing documentation being critically ambiguous. The jury was willing to accept the testimony of one of the nurses that her charting was not a correct reflection of what happened.

The nurse charted she and another nurse were, "instructed to push with fundal and suprapubic pressure," a notation which contains a potentially damaging fundamental contradiction on the crucial issue whether fundal pressure, as opposed to the McRoberts maneuver, was in use, and at which critical point in the delivery. <u>Banks</u> <u>v. Columbia Hosp.</u>, <u>S.W.3d</u>, 2007 WL 2004852 (Tex. App., July 12, 2007).

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