

Physician's Assistants: Court Says Routine Vaginal Deliveries Outside Scope Of Practice, Unless P.A. Has Nurse Midwife

The Court of Appeals of Ohio recently ruled that a physician's assistant cannot perform routine, low-risk vaginal deliveries, unless the physician's assistant meets all of the requirements of state law as a certified nurse midwife.

The court upheld the state medical board's ruling that performing childbirth is beyond the scope of physician's assistant practice as defined by state regulations.

According to the court, delivering babies requires considerable additional education and training beyond that required to become a certified physician's assistant.

In Ohio a licensed nurse midwife must be a registered nurse. Starting in 2001 new nurse-midwife applicants must also have a master's degree. And nurse midwives must be certified by the American College of Nurse Midwives.

There is nothing in the law that disqualifies a physician's assistant from performing childbirth services, if he or she first obtains all the qualifications of a certified nurse midwife.

Scope of Practice

The court reviewed the legal scope of physician's assistants' practice. Physician's assistants may obtain patient histories, perform some physical examinations, assess patients, order routine diagnostic procedures, monitor the effectiveness of medical interventions, assist in surgery, provide patient instruction, transcribe physicians' orders into patients' charts and relay physicians' medication orders to a pharmacy.

According to the court, there is nothing in the law about physician's assistants performing childbirth services or which could be interpreted to expand the scope of their practice that far.

The court said the state medical board is required by law to safeguard the public from unqualified healthcare providers. To allow physician's assistants to do medical procedures just so long as a physician gives them some instruction beforehand would expand the scope of their practice too far. **Marion Ob/Gyn, Inc. v. State Medical Board, 739 N.E. 2d 15 (Ohio App., 2000).**

Surgical Prep: Court Finds Ambiguous Nursing Documentation, But Rules For The Hospital.

The patient came into the hospital for hemorrhoid surgery. A few days after the surgery the dermal tissue around the surgical site appeared infected. Then the patient developed respiratory problems traced to beta hemolytic strep. He died in the hospital from respiratory complications thirty-four days after his hemorrhoid surgery.

A physician testified the strep could have entered the body at the surgical site.

The family sued the hospital for negligence. Their claim was the hospital's nurse's prep of the patient for surgery was substandard and negligent.

The focus of the lawsuit was the nurse's note that the surgical prep took eight minutes. A nursing expert testified for the family that for this surgery the

For this surgical prep, the standard of care required the nurse to do a full five-minute scrub with Betadine, then to paint the area with Betadine or a similar antiseptic solution.

The nursing notes seemed to say the whole surgical prep was done in only eight minutes.

That could mean the nurse was negligent for not doing a full five-minute Betadine scrub.

SUPREME COURT OF ALABAMA, 2000.

standard of care required the nurse to do a full five-minute scrub of the anus, perineal area, buttocks and back with Betadine, then paint the anus with Betadine or a similar antiseptic.

The expert concluded that since the whole process took eight minutes, there was not a full five-minute Betadine scrub. The patient's nurse at the hospital testified her note meant she spent eight minutes on the Betadine scrub alone. The jury ruled in favor of the hospital. The Supreme Court of Alabama ruled the nurse's documentation was ambiguous on a very critical point. However, the jury resolved the ambiguity in the hospital's favor, and the jury's verdict was not to be disturbed. **Hutchins v. DCH Regional Medical Center, 770 So. 2d 49 (Ala., 2000).**