Obstetrical Case Reviews

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Legal Nurse Consulting

Nursing Process Reflected in the Documentation & How a nurse applied:

- Nursing knowledge
- Nursing Skills
- Nursing Judgement

(Together these may confirm competent and safe care)

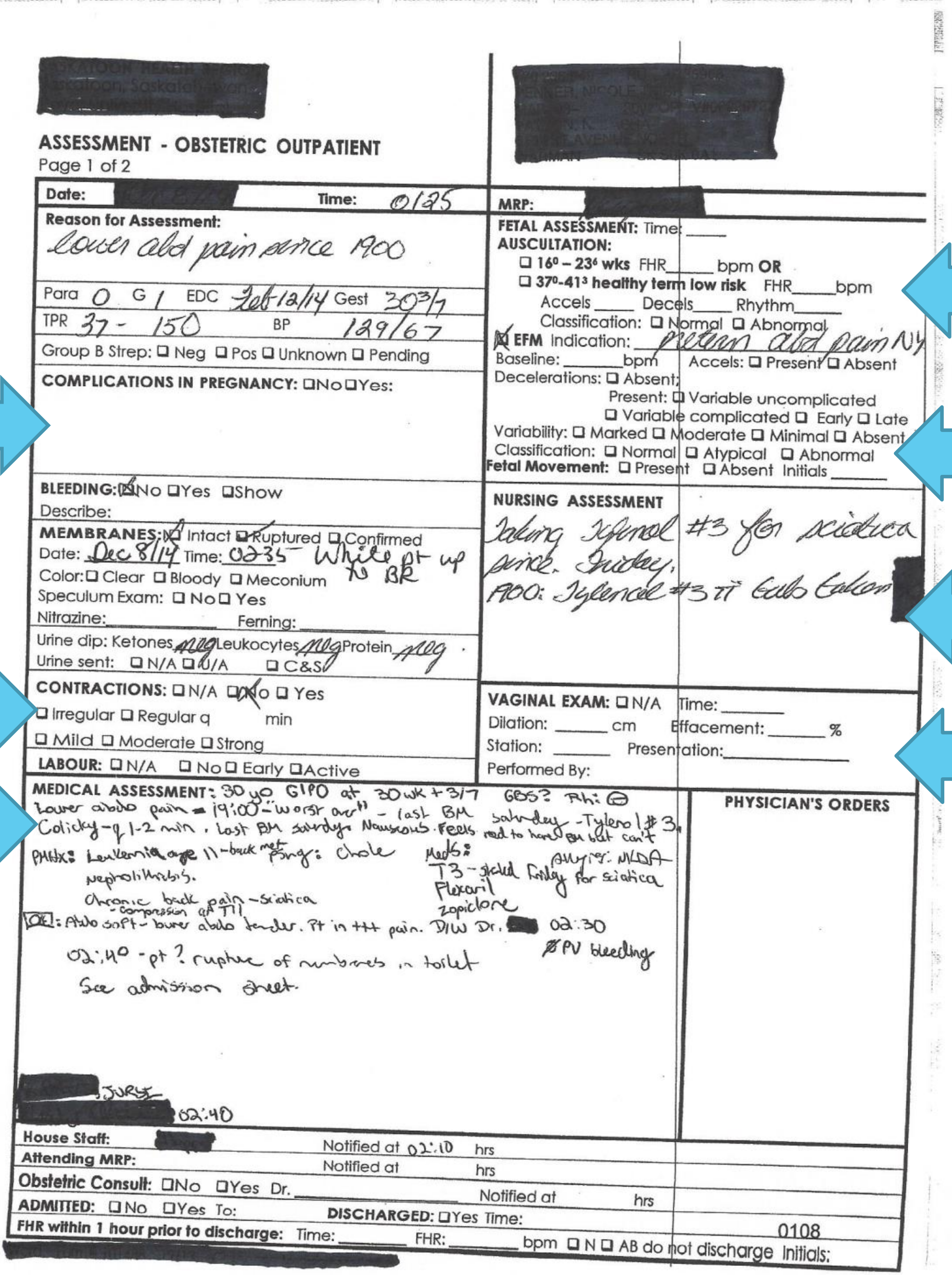
Common Plaintiff Allegations related to EFM

Simpson and Knox Review (2003a)
CMPA Review(2008)

- Deficient evaluation and assessment – failure to appreciate severity of the FHR tracing
- Lack of acting on abnormality detected
- Communication failures between nurse and care provider
- Lack of appropriate response or delay by care provider

Case #1 Ms. P and Baby Boy B

- Assessed at 1:25 am G1 P0, GBS unknown, Bld grp O neg, 30 weeks gestation, lower abdominal pain X 6 hours
- History of medications for insomnia, depression and chronic back pain (from childhood compression fracture after treatment for leukemia). Had 4 Emergency room visits at 8, 12, 14 and 17-wks for pain and cramping. US's confirmed viable gestation, opioid pain meds, discharged
- Maternal VS normal except for rapid pulse (150)
- 02:35 am SROM
- 2:55 am emergent transfer to delivery room
- 2:57 am precipitous delivery Baby Boy B Limp not breathing-resuscitation
- NICU diagnosis IVH and PVL



[redacted]

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ASSESSMENT - OBSTETRIC OUTPATIENT

Page 1 of 2

Date: [redacted] Time: 0125

Reason for Assessment: lower abd pain since 1900

Para 0 G 1 EDC Feb 12/14 Gest 30 3/7

TPR 37 - 150 BP 129/67

Group B Strep: ☐ Neg ☐ Pos ☐ Unknown ☐ Pending

COMPLICATIONS IN PREGNANCY: ☐No ☐Yes:

BLEEDING: ☒No ☐Yes ☐Show

Describe:

MEMBRANES: ☒ Intact ☐ Ruptured ☐ Confirmed

Date: Dec 8/14 Time: 0235 White pt up to BR

Color: ☐ Clear ☐ Bloody ☐ Meconium

Speculum Exam: ☐ No ☐ Yes

Nitrazine: ______ Ferning: ______

Urine dip: Ketones neg Leukocytes neg Protein neg

Urine sent: ☐ N/A ☐ U/A ☐ C&S

CONTRACTIONS: ☐ N/A ☒ No ☐ Yes

☐ Irregular ☐ Regular q ___ min

☐ Mild ☐ Moderate ☐ Strong

LABOUR: ☐ N/A ☐ No ☐ Early ☐ Active

MEDICAL ASSESSMENT: 30 yo G1P0 at 30wk + 3/7 GBS? Rh: ⊖

Lower abdo pain ≈ 19:00 - worst ever - last BM Saturday - Tylenol #3, Colicky - q 1-2 min, last BM Saturday. Nauseous. Feels need to have BM but can't

PMHx: Leukemia age 11 - bone met

nephrolithiasis.

Chronic back pain - sciatica - compression at T11

Pmg: Chole

Meds: T3 - started Friday for sciatica, Flexeril, Zopiclone

Allergies: NKDA

O/E: Abdo soft - lower abdo tender. Pt in +++ pain. D/W Dr. [redacted] 02:30

Ø PV bleeding

02:40 - pt ? rupture of membranes in toilet

See admission sheet.

[redacted] JURSE

[redacted] 02:40

MRP: [redacted]

FETAL ASSESSMENT: Time: ____

AUSCULTATION:

☐ 16⁰ – 23⁶ wks FHR____ bpm **OR**

☐ 37⁰-41³ healthy term low risk FHR____ bpm

Accels ____ Decels ____ Rhythm ____

Classification: ☐ Normal ☐ Abnormal

☒ **EFM** Indication: preterm abd pain N/V

Baseline: ______ bpm Accels: ☐ Present ☐ Absent

Decelerations: ☐ Absent;

Present: ☐ Variable uncomplicated

☐ Variable complicated ☐ Early ☐ Late

Variability: ☐ Marked ☐ Moderate ☐ Minimal ☐ Absent

Classification: ☐ Normal ☐ Atypical ☐ Abnormal

Fetal Movement: ☐ Present ☐ Absent Initials ______

NURSING ASSESSMENT

Taking Tylenol #3 for sciatica since Friday.

1900: Tylenol #3 ῡ Colo Colace [redacted]

VAGINAL EXAM: ☐ N/A Time: ______

Dilation: ____ cm Effacement: ____ %

Station: ____ Presentation: ______

Performed By:

PHYSICIAN'S ORDERS

House Staff: [redacted] Notified at 02:10 hrs

Attending MRP: Notified at ___ hrs

Obstetric Consult: ☐No ☐Yes Dr. ______ Notified at ___ hrs

ADMITTED: ☐ No ☐Yes To: **DISCHARGED:** ☐Yes Time:

FHR within 1 hour prior to discharge: Time: ____ FHR: ____ bpm ☐ N ☐ AB do not discharge Initials:

0108

[redacted]

Opinion

Outpatient Assessment

Nursing care **did not** meet Standards of OBS care:

- Assessment and documentation of FHR (Tracing not found)
- Assessment of signs of labor (colicky pain q1-2 min contractions)

Delivery and Resuscitation Team

Met expected standards

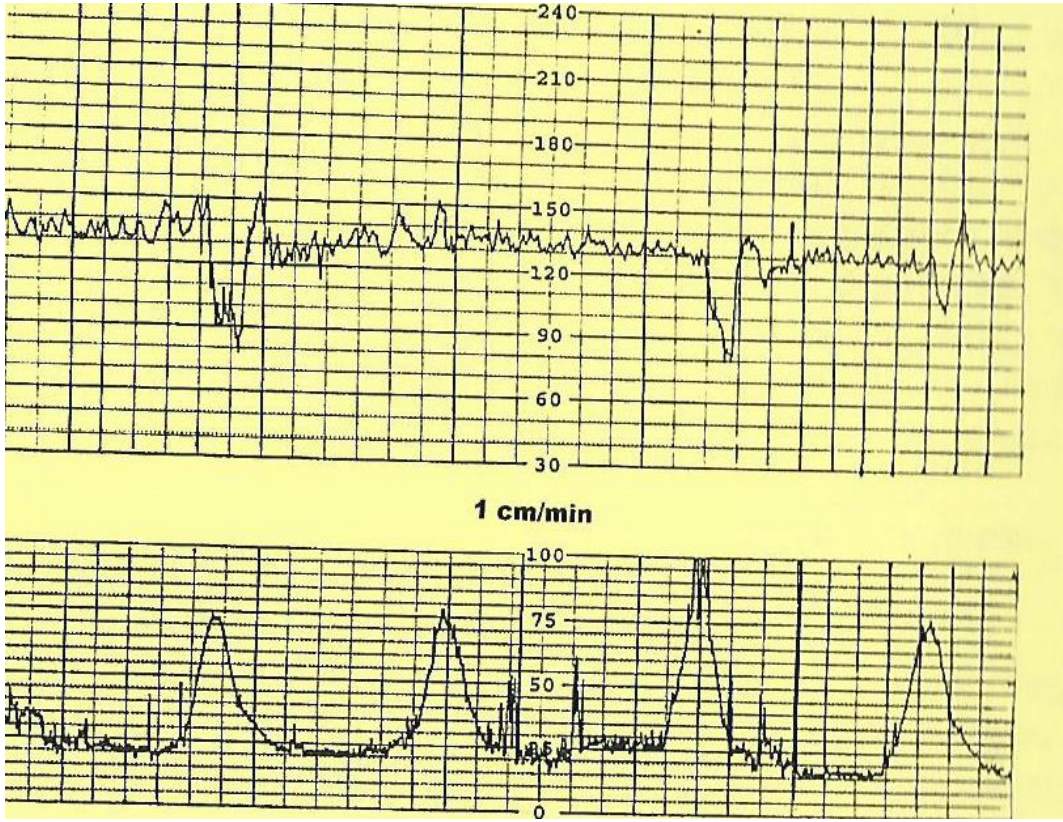
Case #2 Ms. D and Baby Boy F

- Assessed at 00:03 am, G1 P0, 39 wk +5 days gestation healthy pregnancy, (no medications) GBS positive, Bld grp O+
- On arrival T 39. C, Pulse 160, FHR 180
- Pt reported fever, contractions, decreased fetal movement and diarrhea for past 8 hours.
- Cervix thin, mid pelvis, 3 cm dilated with no amniotic fluid or blood loss
- Orders for IV hydration, lab work, Tylenol plain X 2 po now and penicillin regime
- 2:00 am T 38. C FHR BL 140 – 150
- Pt request for analgesic. Orders Morphine & Gravol X 1, epidural PRN, Oxytocin augment PRN, hourly T checks, call Dr. if T greater than 38.5

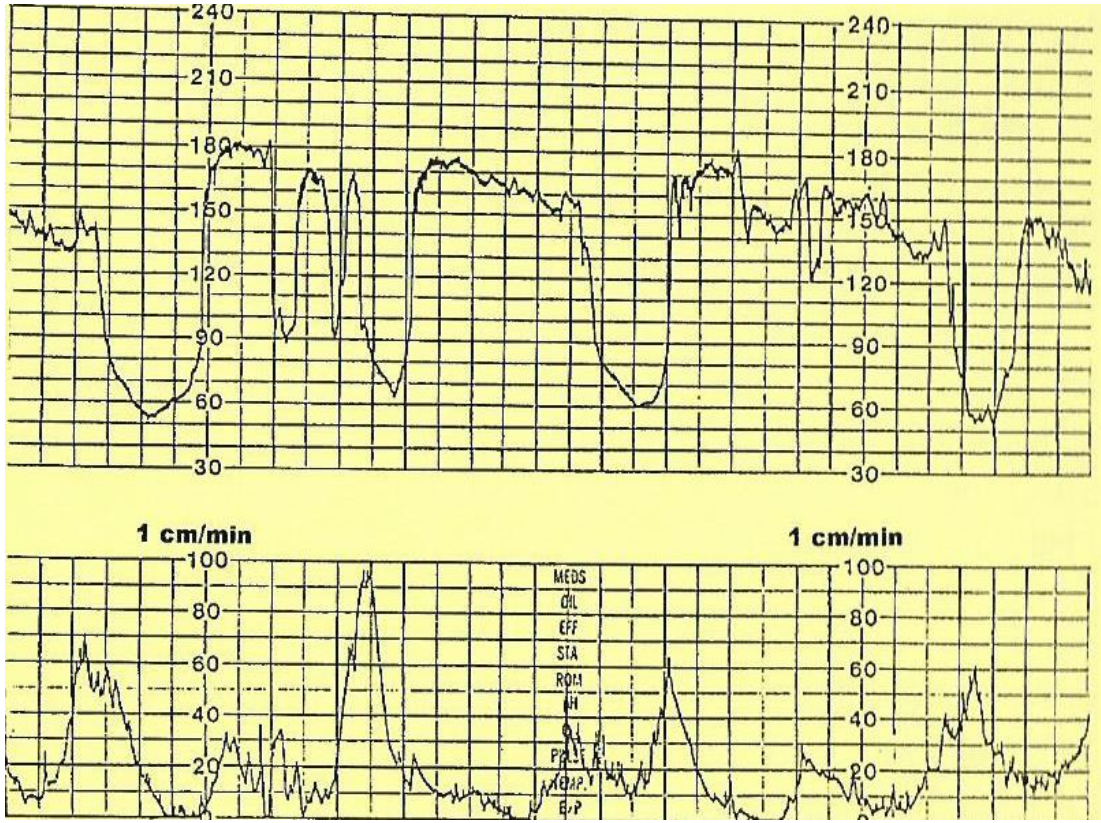
Case #2

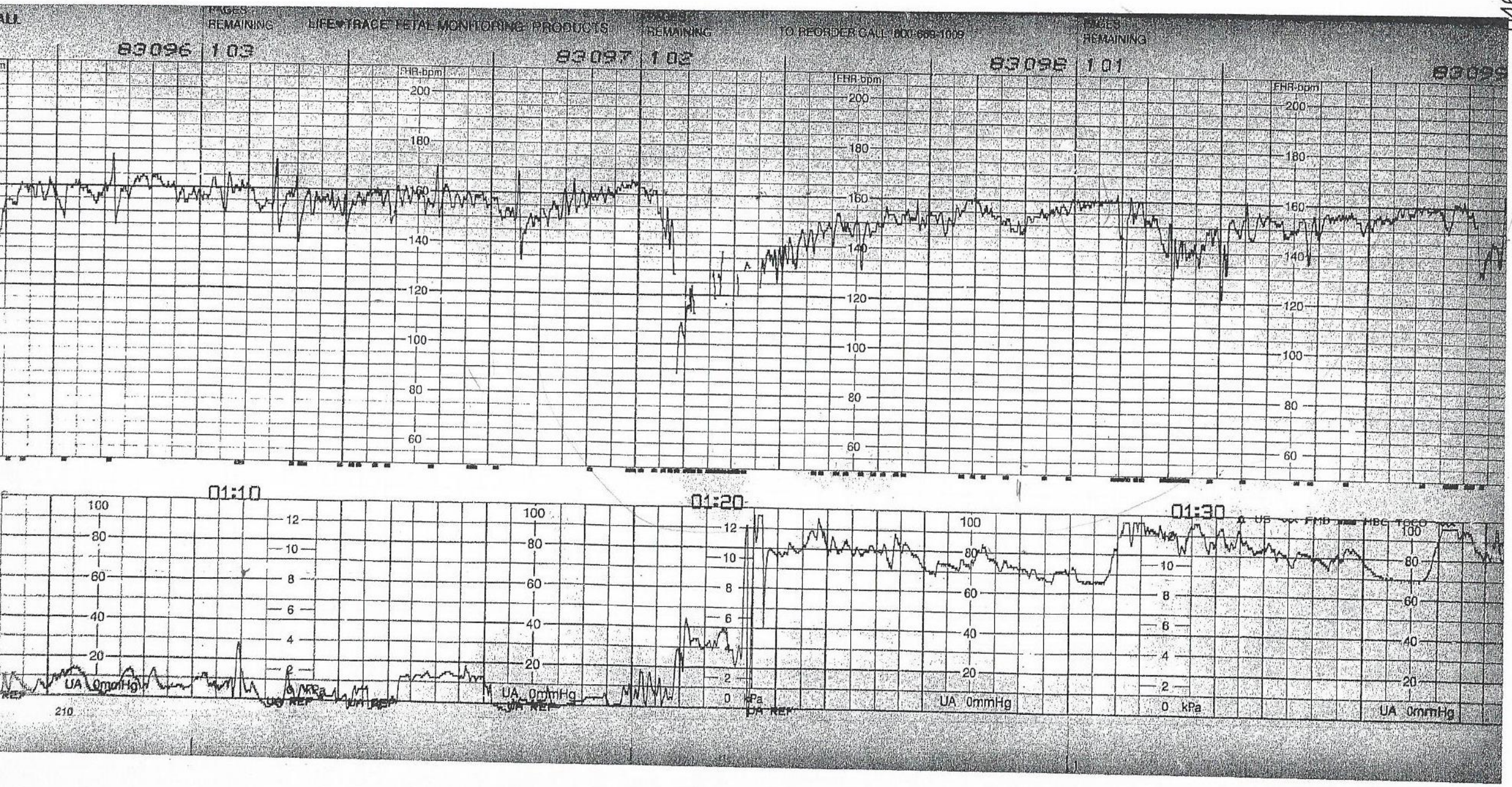
- 02:21 am - Morphine and Gravol IM. Nurse classified EFM “Atypical” due to uncomplicated variables Dr. Aware
- 02:00 am - 03:00 am FHR 140 – 150, contractions 2-3 in 10 min. Atypical due to uncomplicated variables. Vaginal exam, amniotic fluid and bleeding portions of partogram blank
- O3:15 am to 04:15 am Nurse classified EFM atypical, noted contractions and BL FHR. Vaginal exam, amniotic fluid and bleeding portions of partogram blank. (Dr. noted post delivery 4:05 SROM clear)
- 04:15 am epidural placed
- 04:55 am cervix fully dilated amniotic fluid and bleeding portions of partogram left blank
- 05:43 Vacuum delivery of Baby Boy F, limp not breathing resuscitation
- Grade Three Hypoxic Ischemic Encephalopathy (HIE)

Uncomplicated Variable FH Decelerations



Complicated Variable FH Decelerations

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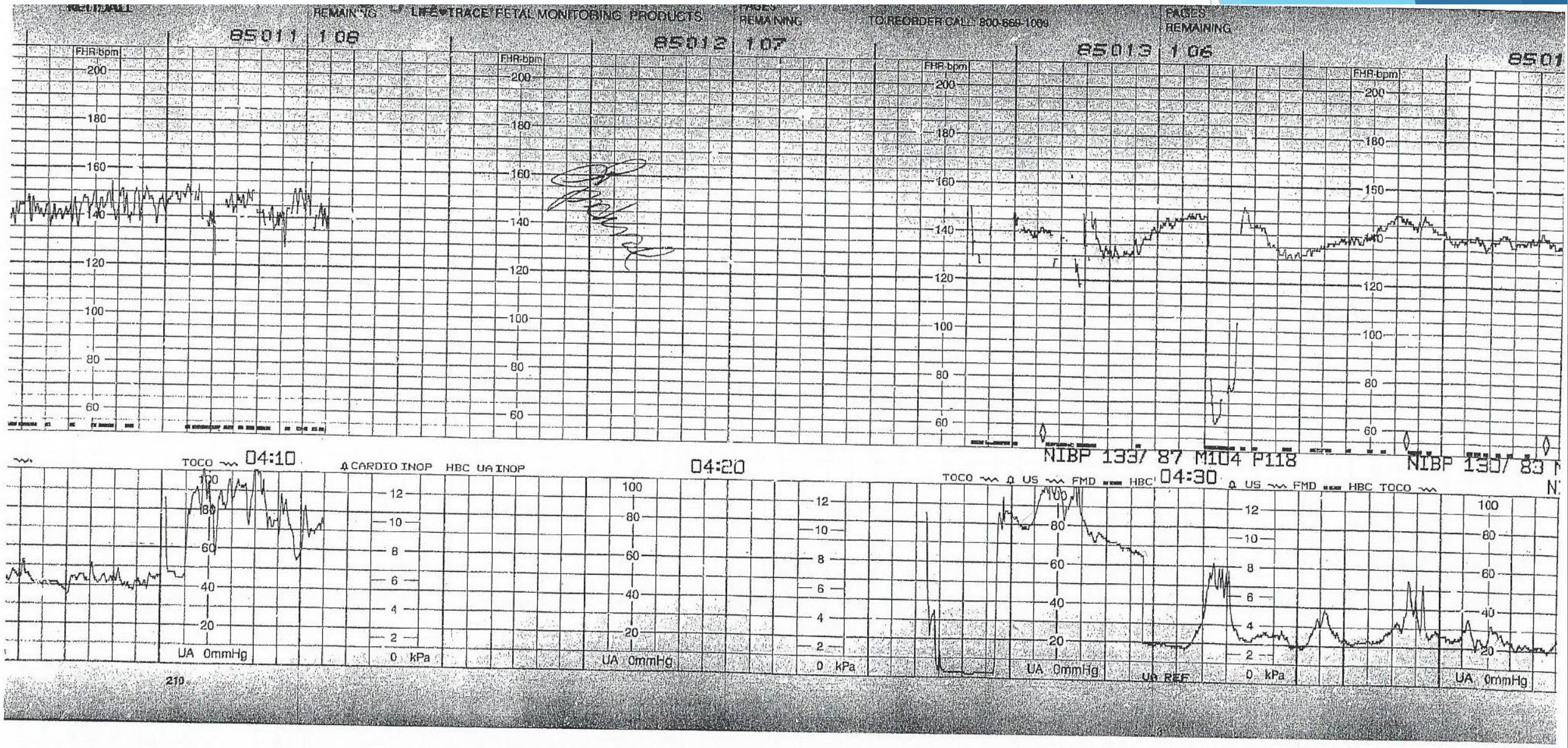
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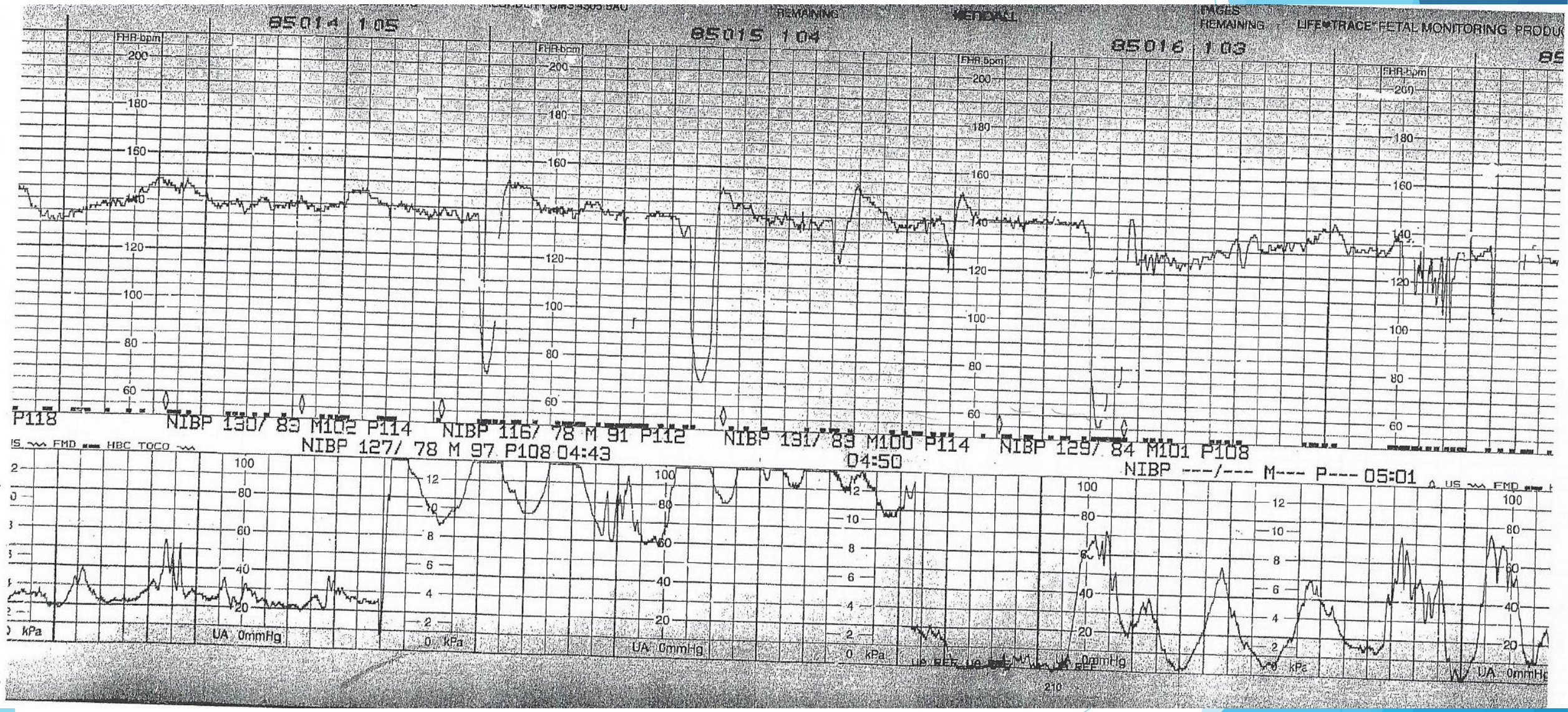
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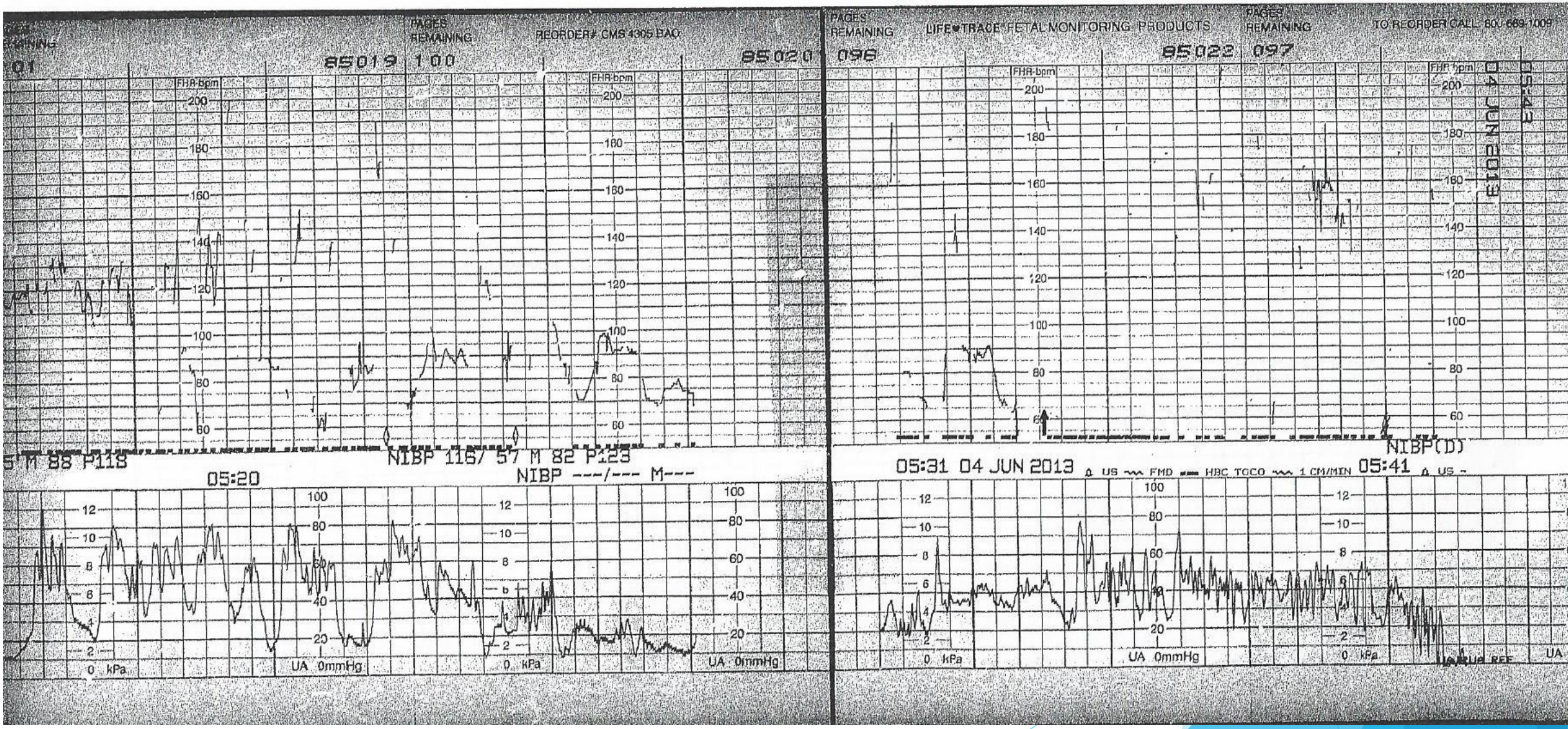
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Table 6.2: Classification of intrapartum EFM tracings

	NORMAL TRACING Previously "Reassuring"	ATYPICAL TRACING Previously "Non-Reassuring"	ABNORMAL TRACING Previously "Non-Reassuring"
Baseline	110–160 bpm	Bradycardia 100–110 bpm Tachycardia > 160 for > 30 min to < 80 min Rising baseline	Bradycardia < 100 bpm Tachycardia > 160 for > 80 min Erratic Baseline
Variability	6–25 bpm ≤ 5 bpm for < 40 min	≤ 5 bpm for 40–80 min	≤ 5 bpm for > 80 min. ≥ 25 bpm for > 10 min Sinusoidal
Decelerations	None or occasional uncomplicated variables or early decelerations	Repetitive (≥ 3) uncomplicated variable decelerations Occasional late decelerations Single prolonged deceleration > 2 min but < 3 min	Repetitive (≥ 3) complicated variables: Deceleration to < 70 bpm for > 60 secs. Loss of variability in trough or baseline Biphasic decelerations Overshoots Slow return to baseline Baseline lower after deceleration Baseline tachycardia or bradycardia Late decelerations > 50% of contractions Single prolonged deceleration > 3 min but < 10 min
Accelerations	Spontaneous accelerations present (FHR increases ≥ 15 bpm lasting ≥ 15 seconds; < 32 weeks gestation increase in the FHR ≥ 10 bpm lasting ≥ 10 seconds) Accelerations present with fetal scalp stimulation.	Absence of acceleration with fetal scalp stimulation	Usually absent*
Action	EFM may be interrupted for periods up to 30 min if maternal-fetal condition stable and/or oxytocin infusion rate stable	Further vigilant assessment required, especially when combined features present.	ACTION REQUIRED Review overall clinical situation, obtain scalp pH if appropriate/ prepare for delivery.

*Usually absent, but if accelerations are present, this does not change the classification of tracing.

Reference: SOGC (2007) Table 15.

Opinion

Care **did not** meet Obstetrical Nursing Standards in regards to Assessment of progression of labor and fetal health Surveillance.

Documentation **did not reflect acceptable** nursing knowledge, skill or judgement

- In the significance of decreased fetal movement, GBS+ status & fever
- To ensure an interpretable EFM tracing
- Systematic assessment of all characteristics on EFM tracing
- Classification and timely interventions
- In communication with primary care provider
- Assessment of the progression of labor

Take-Aways for OBS Nurses and LNC's

- Consider the whole clinical picture
- Practice systematic interpretation of FHR
- Nurse responsible to keep knowledge & practice up to date
- Documentation - timely, accurate and comprehensive
  - data collection and interpretation
  - nursing plan, implementation, evaluation
  - reflect the standard of practice

Questions?