Examine Preterm Labor Issues for Your Winning CLNC® Reports

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EXAMINE PRETERM LABOR ISSUES FOR YOUR WINNING CLNC® REPORTS

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EXAMINE PRETERM LABOR ISSUES FOR YOUR WINNING CLNC® REPORTS

I. INTRODUCTION

A. Preterm Labor and Birth

1. Definitions of preterm labor.
   a. American College of Nurse Midwives (ACNM).
   b. American College of Obstetrics and Gynecology (ACOG).

2. Prevalence of preterm labor in the U.S.

B. Risk Factors for Preterm Labor and Birth

1. Nonmodifiable.
   a. Previous preterm birth.
   c. Age < 18 or > 40.
   d. Poor lifetime nutrition.
   e. Low prepregnancy BMI.
   f. Low socioeconomic status.

2. Modifiable.
   a. Smoking.
   b. Substance abuse.
   c. No prenatal care.
   d. Short intervals between pregnancies.
   e. Anemia.
   f. Infection.

II. INITIATING FACTORS FOR PRETERM LABOR

A. Spontaneous Onset Preterm Labor

1. Fetal causes.
   a. Structural or genetic anomalies.
   b. Multiple gestation.
   c. Premature spontaneous rupture of amniotic membranes.
   d. Placenta previa.
e. Placental abruption.
f. Chorioamnionitis.

a. Smoker.
b. Uterine structural defects.
c. Incompetent cervix.
d. Trauma.
e. Infection (i.e. influenza).
f. Drug use.

B. Medically Indicated Induced Preterm Labor

1. Preivable spontaneous rupture of amniotic membranes.
2. Intrauterine growth restriction.
3. Gestational hypertension.
4. Preeclampsia.
5. Gestational diabetes.
6. Chronic or acute maternal medical condition (i.e. cancer).

III. DIAGNOSING PRETERM LABOR

A. Clinical Findings of Preterm Labor

1. Menstrual-like cramping.
3. Low back pain.
4. Pressure sensation in the vagina.
5. Vaginal discharge.
B. **Diagnostic Findings**

1. Obtain a complete medical, obstetrical and social history.
2. Review previous records.
3. Evaluate clinical findings and risk factors.
4. Assess maternal vital signs.
5. Review fetal heart rate tracings.
6. Assess contraction frequency.
7. Evaluate the uterus.
8. Conduct a speculum exam.
   a. Visually examine the cervix.
   b. Assess for the presence of uterine bleeding.
   c. Evaluate the status of the fetal membrane.
   d. Collect specimens for testing.

IV. **MANAGEMENT OF PRETERM LABOR**

A. **Fetal Monitoring**

1. Continuous external monitoring.
   a. Fetal heart rate tracings.
   b. Contraction pattern.

B. **Laboratory Tests**

1. Rectovaginal group B streptococcal culture.
2. Urine culture.
3. Drug use in patients at high-risk.
4. Fetal fibronectin.
5. Chlamydia and gonorrhea.
C. Treatment of Preterm Labor

1. Less than 34 weeks.
   a. Betamethasone for lung maturity.
   b. Tocolytic drugs to prolong delivery for 48 hours.
   c. Antibiotics for group B streptococcus chemoprophylaxis.
   d. Magnesium sulfate for neuroprotection.

2. More than 34 weeks.
   a. Evaluate for four to six hours to determine labor status.
   b. Treat as term pregnancy in regard to labor management.

V. COMMON COMPLICATIONS OF PRETERM LABOR AND BIRTH

A. Maternal

1. Spontaneous preterm birth is associated with:
   a. Ischemic heart disease.
   b. Stroke.
   c. Overall cardiovascular disease.

B. Neonatal

1. Short-term complications.
   a. Intraventricular hemorrhage.
   b. Glucose abnormalities.
   c. Necrotizing enterocolitis.
   d. Infection.
   e. Retinopathy of prematurity.

2. Long-term complications.
   a. Recurrent hospitalizations.
   b. Neurodevelopmental outcome.
   c. Chronic health issues.
   d. Growth impairment.
   e. Impairment of lung function.
   f. Effects on adult health.
VI. COMMON PLAINTIFF ALLEGATIONS FOR PRETERM LABOR CASES

A. Failure to Diagnose Preterm Labor

B. Failure to Provide Neuroprotection for the Prevention of Cerebral Palsy or Other Motor Disabilities

C. Failure to Transfer to a Tertiary Care Center Prior to Birth

D. Failure to Have Preterm Neonatal Care Providers Present at the Time of Birth

E. Failure to Administer Betamethasone to Promote Lung Maturity

F. Failure of Nursing Staff to Adequately Assess Labor Progress to Anticipate and Prepare for Delivery of a Preterm Infant

G. Failure to Recognize Risk Factors Prenatally

H. Failure of the OB Provider to Educate the Mother Regarding Prevention of Preterm Labor in Regard to Modifiable Risk Factors

I. Failure to Transfer Care of Mother to High-Risk Care Providers in the Presence of Preterm Labor

J. Failure to Diagnose and Treat Infections Associated with Preterm Labor

K. Failure to Educate Parents to Anticipated Sequelae Following Severe Preterm Birth
VII. COMMON DEFENSES FOR PRETERM LABOR CASES

A. The Mother Delivered Within Minutes of Arriving at the Hospital

B. The Mother Did Not Disclose Her Substance Abuse

C. This Hospital Does Not Provide OB Services

D. The Mother Was Noncompliant with Her Care

E. The Mother Did Not Receive Prenatal Care

VIII. THE ROLE OF THE CERTIFIED LEGAL NURSE CONSULTANT\textsuperscript{CM} IN PRETERM LABOR CASES

A. Educate Your Attorney-Client About Preterm Labor

1. Clinical definitions.

2. Basic interpretation of laboratory test results.

3. Basic education regarding the fetal monitor tracing.

4. The importance of providing neuroprotection with magnesium sulfate and promoting lung maturity with betamethasone.

5. The most accurate way to date a pregnancy and how “preterm” is defined.

B. Review Relevant Medical Records

1. Maternal records.
   a. Prenatal records.
   b. Providers (obstetrician or midwife).
   c. Labor and delivery records.
   d. Mother’s past medical records, if available.
   e. Fetal monitor tracings.
2. Neonatal records.
   a. Delivery record.
   b. Resuscitation record.
   c. Initial assessment.
   d. Gestational age assessment.
   e. Progress reports.
   f. Providers (neonatologist, pediatrician, nurse practitioner).

C. Provide a Detailed Chronology

1. Relevant prenatal care risk factors.
2. Time from admission to diagnosis of preterm labor.
3. Complete delineation of labor and delivery events.
4. Interpret fetal heart rate tracings.
5. Nursing and ancillary staff present.
8. Physician orders for labor management and management of neonate.
9. Details regarding maternal or neonatal transfers, if applicable.
10. Document and interpret any maternal or neonatal consults.

D. Review Staffing

1. Medical providers for mother and neonate.
   a. MD, CNM, PA, NP.
   b. Years of experience.
   c. Training and certifications.
   d. Continuing education requirements.
   e. Hospital privileging.
2. Nursing staff.
   a. RN-C, RN, LPN.
   b. Years of experience.
   c. Training requirements and certifications.
d. Continuing education requirements.
e. Policies and procedures for nursing staff in labor and delivery and neonatal intensive care unit (NICU).

3. Respiratory therapists.
   a. Experience and training.
   b. Continuing education.

4. Staffing patterns during the admission of the mother and neonate.

E. Perform and Document Authoritative Research

1. Prenatal standards of care.
   a. American Congress of Obstetricians and Gynecologists (ACOG).
   b. American College of Nurse-Midwives (ACNM).
   c. Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN).

2. Preterm labor standards of care.

3. Preterm labor hospital policies and procedures.
   a. Electronic fetal monitoring.
   b. Electronic medical record use.
   c. Tocolytic use.
   d. Magnesium sulfate use.
   e. Betamethasone use.
   f. Staffing requirements in high-risk labor and delivery.
   g. Staffing requirements in NICU.
   h. Guidelines for transfer of a patient to a tertiary care facility.
   i. Guidelines for transfer of care from a midlevel provider to an MD provider.

F. Recommend and Locate Expert Witnesses

1. Obstetrician.
2. Certified nurse midwife.
3. Neonatologist.
4. Respiratory therapist.
5. Neonatal nurse practitioner.
6. Labor and delivery RN.
7. Nurse manager.
8. NICU RN.
11. Life care planner.

IX. INTERROGATORIES AND REQUESTS FOR PRODUCTION

A. Interrogatories Directed to the Defense

1. Please state the name, last known business address and last known home address any and all (Facility) personnel who rendered care to (Plaintiff) from (Date) to (Date) and including the delivery of (Minor Plaintiff) on (Date).

2. Please list any physician referrals, consults or discussions involving the care of (Plaintiff) and (Minor Plaintiff) along with the date and time they took place.

3. Please list the tests used to diagnose preterm labor at (Facility) from (Date) to (Date).

4. Please describe the criteria used to diagnose preterm labor at (Facility) from (Date) to (Date).

5. Please explain the care of a woman diagnosed with preterm labor per (Facility) guidelines from (Date) to (Date).

6. Please describe the type of electronic fetal monitoring equipment used at (Facility) from (Date) to (Date).
7. Please explain how patients are educated and informed regarding the risks and benefits of treatment for preterm labor at (Facility) __________ from (Date) __________ to (Date) __________.

8. Please explain the process for obtaining a transfer to a facility with a high-risk obstetrical unit from (Facility) __________ in effect on (Date) __________.

9. Please explain the criteria for transfer of a patient diagnosed with preterm labor to a facility with a high-risk obstetrical unit from (Facility) __________ in effect on (Date) __________.

B. Interrogatories Directed to the Plaintiff(s)

1. Please list the full name(s) of all plaintiff(s).

2. Please list all injuries or claims of the plaintiff(s) injuries from (Date) __________ to (Date) __________.

3. Please list the complete medical history and background of the plaintiff(s).

4. Please list and detail all previous hospitalizations of the plaintiff(s) including name of facility and dates.

5. Please list the full name and medical distinction of every individual participating in the care of the plaintiff(s) from (Date) __________ to (Date) __________. Include last known address, last known business address, profession and care provided.

6. Please describe the physical, mental and emotional injuries and damages resulting for the incident(s) occurring at (Facility) __________ from (Date) __________ to (Date) __________.

C. Requests for Production Directed to the Defense

1. Please provide resumes or CVs for all medical providers, nurses and ancillary staff named at (Facility) __________ from (Date) __________ to (Date) __________.

2. Please provide the policy and procedure for evaluating preterm labor at (Facility) __________.
3. Please provide the core competency requirements for RNs working in labor and delivery.

4. Please provide all (Plaintiff) __________’s prenatal records from (Facility) __________ including past pregnancies.

5. Please provide all items prepared or reviewed by expert witnesses.

D. Requests for Production Directed to the Plaintiff(s)

1. Please provide all medical bills and other expenses related to alleged injuries at (Facility) __________ from (Date) __________ to (Date) __________.

2. Please provide staffing schedules on the labor and delivery unit from (Date) __________ to (Date) __________ at (Facility) __________.

3. Please provide medical records from all healthcare providers including ancillary care from (Date) __________ to (Date) __________ for:
   a. Plaintiff.
   b. Minor plaintiff.

4. Please provide all video recordings, photographs, journals and personal notes pertaining to the care rendered at (Facility) __________ from (Date) __________ to (Date) __________.

5. Please provide all medical consents and authorization forms in the (Plaintiff) __________’s possession from (Date) __________ to (Date) __________.

6. Please provide full name, address, clinical training and continuing education for expert witnesses who will be testifying on behalf of the plaintiff including but not limited to:
   a. Business address.
   b. Residential address.
   c. Resume or CV.
   d. Documentation of clinical training.
   e. Documentation of continuing education.
X. RECOMMENDED QUALIFICATIONS FOR CLNC® SUBCONTRACTORS FOR PRETERM LABOR CASES

A. Minimum of Five Years Working in Labor and Delivery

B. Current Certification in Advanced Electronic Fetal Monitoring

C. Documentation of Continuing Education In High-Risk OB Nursing Within the Last Three Years

D. Minimum of Five Years Working in NICU

E. Documentation of Continuing Education in Neonatal Intensive Care Nursing Within the Last Three Years

XI. CASE STUDIES

A. Brief Report of Spontaneous Preterm Labor at 26 Weeks (Exhibit A)

B. Case Study of Induced Preterm Labor at 34 Weeks (Exhibit B)

XII. RESOURCES

A. Associations and Organizations

1. American Congress of Obstetricians and Gynecologists (ACOG). 
   acoq.org

   aap.org

3. Centers for Disease Control and Prevention (CDC). 
   cdc.gov/abcs/reports-findings-survreports/gbs07.pdf

4. Food and Drug Administration (FDA). 
   fda.gov/downloads/drugs/drugsafety/ucm300948.pdf
5. March of Dimes. 
   [marchofdimes.com](http://marchofdimes.com)

   [nih.gov](http://nih.gov)

B. Authoritative Textbooks


C. Internet Resources

1. World Health Organization (WHO). 
   [who.int/mediacentre/factsheets](http://who.int/mediacentre/factsheets)

D. Journal Articles


Exhibit A
Brief Report of Spontaneous Preterm Labor at 26 Weeks

Confidential Attorney Work Product

To: Attorney-Client
Date: 00/00/0000
Re: Your Client v Any Medical Center

Dear Mr. G,

I have completed my review of YC’s medical records including her admission to Any Medical Center 00/00/0000. I have the following comments regarding the care YC received.

- Nursing staff failed to effectively identify and report YC’s signs and symptoms associated with preterm labor.

- Dr. S failed to diagnose and treat YC for preterm labor.

I have identified several points to support these statements:

- YC presented to the labor and delivery unit on 00/00/0000 at 0200 with complaints of “low abdominal cramping, increased vaginal discharge and low back pain.” Her pertinent history includes: G2P1. She is currently 26 weeks into pregnancy and reports her dating is confirmed by a 12-week ultrasound. She denies any complications with her current pregnancy and denies any chronic medical conditions. She reports receiving weekly progesterone injections for the prevention of preterm labor. She is from out of state and her prenatal records are not available.

  Early signs of preterm labor can be described as the presence of vague low abdominal cramping, increased vaginal discharge (with or without bleeding), low back pain and pelvic pressure.

  Her history of preterm labor and delivery in her first pregnancy increases her risk of recurrent preterm labor and her symptoms are associated with preterm labor.

- Nursing assessment on admission includes stable vital signs, interpretation of electronic fetal monitoring (EFM) tracing as “FHR baseline 146, Category 1, irregular uterine contractions q 3-10 and active FM.” Urine dip analysis was negative for protein, blood and nitrites. Sterile vaginal exam (SVE) performed by the RN is documented as “1 cm / 50% / high. No fluid noted. Light pink discharge
noted on exam glove.” The RN documents a call to Dr. S, giving him report on YC. There is a verbal order for “Observe for 1 hour, repeat SVE and D/C home if no change.”

- The presence of bloody vaginal discharge, cervical dilation and uterine contractions are all significant findings in a preterm pregnancy with a history of previous preterm birth.

- Dr. S did not come in to evaluate YC.

- RN documentation is every 15 minutes. She continues to document Category 1 FHR tracing, continued uterine contractions via EFM every 3-10 and active fetal movements. She documents that YC complains of increased pelvic pain, “but does not appear to be in acute distress.”

- A second SVE was performed one hour and fifteen minutes from the first exam and is documented as “1-2 cm / 50% / high BBOW (bulging bag of water) felt. No fluid noted and a small amount of blood is noted on the exam glove.”

This is evidence of cervical change which is indicative of preterm labor.

- The RN discharges YC from the labor and delivery unit without calling Dr. S.

- At 0900 YC returns to the labor and delivery unit with complaint of “increased abdominal pain and leaking fluid.” The RN documents “patient walking bent over holding her abdomen.” YC is transferred to a labor room via wheelchair and assessed. Documentation notes Category 2 FHR tracing due to deep variable deceleration and uterine contractions q 2-3 minutes. SVE is performed and YC is found to be completely dilated breech presentation with delivery imminent. Dr. S is called STAT to the labor room. YC delivers before his arrival and the arrival of the neonatal team. Resuscitation is started by the labor and delivery nursing staff. Dr. S and the neonatal team arrive within one minute of delivery and the neonatal team takes over the resuscitation. After twenty minutes the team is unable to resuscitate YC’s preterm baby and efforts are discontinued and the newborn expires.

- The labor and delivery nurse failed to recognized the signs and symptoms of preterm labor and report these to Dr. S. This failure prevented the initiation of interventions.

- Dr. S failed to provide appropriate care and perform an assessment of YC. His failure to diagnose YC with preterm labor prevented the of treatment of preterm labor, prevention of comorbidities for the infant and preparedness for resuscitative care of a severely preterm newborn.
I would request the following documents for further review:

- Table of contents for preterm labor policies and procedures from Any Medical Center.
- State practice guidelines for labor and delivery facilities.
- Training and continuing educational requirements for the nursing staff of Any Medical Center labor and its delivery unit.
- AWHONN practice guidelines regarding nursing care of preterm labor for the year 2000.
- ACOG practice guidelines for the management of preterm labor for the year 2000.
- Continuing education received by Dr. S regarding preterm labor in the last five years.
- Authoritative research into the diagnosis and management of preterm labor.

Thank you for the opportunity to review this case. I am available if you would like to discuss the medical facts in more detail. Please feel free to contact me if you have any questions or concerns. I look forward to assisting you with this and future cases.

Best regards,

Rebecca Jones, MSN, CNM, CLNC
Jones Legal Nurse Consulting
Exhibit B
Case Study of Induced Preterm Labor at 34 Weeks

Patient is 30-year-old gravida 3 para 2 at 34 weeks. She is diagnosed with preeclampsia with severe features including: headache, elevated liver functions and proteinuria. It is decided that the benefit of induction of labor at 34 weeks outweighs the risk of continued pregnancy.

Her care should include:

- Admission to a high-risk labor unit.
- Counseling by the obstetrician regarding risks and benefits of induction of labor vs continued pregnancy.
- Counseling by the neonatologist regarding risks and benefits of preterm delivery.
- Continuous electronic monitoring.
- Group B strep culture resulted prior to induction of labor.
- Magnesium sulfate given for the prevention of maternal seizures and for neuro protection for the newborn in preventing cerebral palsy and other conditions.
- Celestone injections: 2 doses 24 hours apart for the promotion of lung maturity.
- Vital sign reassessment every 15 minutes.
- Assessment for the presence of HELLP syndrome every 6-12 hours.
- Neonatal team present at the time of delivery.