



Midwifery Role in Malpractice Cases Related to Oxytocin Application

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ABSTRACT

Oxytocin application is one of the medications in order to maintain of health for labor is important initiatives to increase the malpractice risk. In oxytocin administration that is responsibility of doctor, midwifery, and nurse in practice. Midwives have an important role in preparation and implementation of intravenous solution is containing oxytocin, monitoring of fetal and maternal complications. Malpractice claims rise as a results of not showed the expected behavior from midwives who have knowledge, skill, attention and care. Thus in studies have been made on malpractice, rates of forensic case among midwifery are %10. With this review is aimed to emphasize the role of midwifery in malpractice cases due to oxytocin application.

Keywords : Malpractice, midwifery, oxytocin

Oxytocin and malpractice

Oxytocin is a uterotonic drug is used for induction of labor, for augmentation in cases arrest of labor or showing slow progress, prevention of postpartum bleeding, therapeutic abortion (Çiçek&Mungan,2007;Demirci,Gürkan,Aslan&Ekşi,2005;Holmgren,Silfver,Lind&Nordström,2011). Oxytocine medications is used for maternal indications such as pregnancy- induced hipertansyon, maternity's medical diseases, pre-eklampsia; fetal indications such as intrauterine growth retardation, postterm pregnancies, izoimmunisations; inducing labor or increasing of insufficient birt-pain (Demirci ,Gürkan, Aslan&Ekşi,2005; Güner,2008).

Patient safety is one of the current and important subjects and the main target of patient safety is decreasing and eliminate medical errors.(İntepeler& Dursun,2012) Unit that is experiencing the most problems related to patient safety is the obstetrics and gynecological unit.(Safran,2007; Büken et al,2004; Miller, 2011) Oxytocine medication is an important implications increasing malpractice risk. Because standart documentation of the intervention is needed for patient safety but no standart procedure in our country (Holmgren,Silfver,Lind&Nordström,2011). Health professionals have difficulties due to no standart procedure with oxytocin medications (midwives and nurses are 11.3%, doctors are 12%) (Demirci ,Gürkan, Aslan&Ekşi,2005) Fetus and mother are under the risk for complications (like hyperstimulation, polysystole, postpartum hemorrhage...) related to oxytocine practice (Freeman& Nageotte, 2007; Sosa, Althabe, Belizan&Buekens,2011).

Oxytocin medications is responsibilities of doctor, nurse and midwifery in practices. Midwifery is obligated with to avoid harmful practices to patient and to prevent the malpractice others' initiatives in applications. This is a rule of professional ethics. Unfortunately, midwives face malpractice allegation, too. Rate of forensic case for midwife is 10% in a study on malpractice in nurse and midwives. In another 23% blamed the midwives and nurse. and 10 (30%) in 33 cases are obstetric intervention. According to the same research results, 3 injuries that occurred as a result of malpractice in 33 obstetric cases with fault was wrong usage of oxytocin (Büken et al, 2004). 2 cases of them are usage of oxytocin in cephalopelvic disproportion, 1 case is usage of oxytocin in a transverse lie

presentation left for vaginal birth. Because of patient safety, for pregnant and fetus healthy, the use of uniform, accurate, and preestablished criteria for oxytocin initiation, administration, and monitoring, agreed on in advance by both nursing and medical staff, can largely eliminate such disagreements, to the benefit of patients

Important responsibilities of midwives with oxytocin administration in delivery process are implication and preparation of Intravenous solution with oxytocin, follow up pregnant and fetus for side effects of the medicine (water intoxication, ablatio placenta, speed labor, uterine rupture, fetal hypoxia,HELLP ...).(Demirci et al, 2005). Safran's retrospective research (2007) determines that midwife is the more blamed groups than other health service groups because of treatment and diagnosis. therapeutic applications crime rate was 8.5%, 2 person was 8/8 faulty. Demirci et al.(2005) found that 39.6% of midwives and nurses have difficulties due to disruption of follow-up. That's why, current recommendations for the administration of oxytocin are vague with respect to indications, timing, dosage, and monitoring of maternal and fetal effects. (Clark, Simpson,Knox&Garite,2009)

The increase in penalty and compensation cases related to malpractice shows that is important current fault's report. Health professionals are avoided from reporting/notification or obscure with reasons such as inadequate of fault notification system, difficulty in reporting process, fear of punishment, the fear of being criticized, stigma and so mistakes repeat again and again (İntepeler ve Dursun,2012).

Conclusion and suggestions

Despite its risks, oxytocin that is a drug with benefits to mother and baby have to be used by paying attention to drug application principles, and indications. If members of health professionals are attentive to, we believe that they will experience less malpractice cases. In addition, development of fault reporting systems, investigate the causes of the error rather than to blame when a negative case experience have to rank among institutes' politics.

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