

Unit 14 & 13\* Legal & Ethical aspects related to midwifery.

- Laws & ethics are often complementary to each other
- Midwives must follow standards & regulations that range from the national level to individual area of practise such as hospital, labour & delivery units.

→ Legal Issues in obstetric & gynaecology:

- i) Problems of medications:
- ii) Failure in monitoring the clients
- iii) Failure to report changes in patient
- iv) Failure in assessing the client
- v) Abortions
- vi) Nursing care of Newborns.

→ Ethics in midwifery and gynaecology:

- According to Thompson and Thompson, to be professional is to be ethical and to be ethical is to be professional
- To be ethical requires understanding of ethics, values, moral reasoning & ethical decision making
- Goal of ethical midwifery is to do the right thing for the right reason
- Study of ethics will provide framework for exploration & aid resolution of dilemmas.
- m) Ethical principle of beneficence:
  - It requires one to act in a way that is expected to produce the balance

of benefits over harm in lives of others.

v) Non-maleficence:

- It means the health professional should prevent causing harm & is best understood as expressing the limits of beneficence.

w) Respect for autonomy:

- This principle requires to acknowledge & carry out the value based preference to adult, competent patient.

x) Beneficence & respect for autonomy in gynaecological practise:

- Beneficence based and autonomy based clinical judgements in gynaecology practise.

y) caring:

- health professional usually care for their clients and as such would always have best interest in mind.

z) Empowerment and advocacy:

- Role of midwife is to support & help women to exercise their autonomy.

## \* Maternal Morbidity, Mortality and Fertility Rates:

i) Maternal mortality:

Defined as death of a woman who is pregnant or within 42 days of termination of pregnancy irrespective of duration & the site of pregnancy from cause related to pregnancy or its management.

ii) MMR:

No. of maternal death divided by no. of women of reproductive age & expressed per 100,000 women of reproductive age.

MNR =  $\frac{\text{No. of death of women in reproductive age}}{\text{Total no. of women in reproductive age}} \times 100000$

### iii) Maternal Mortality:

- Morbidity in obstetrics occurs from any causes related to pregnancy or its management.

### iv) <sup>Total</sup> Maternal fertility Rate (TFR):

- The average no. of children that would be born per woman if all women lived to the end of their childbearing years & bore children according to a given fertility rate at each age.

## \* Perinatal Mortality & Morbidity Rates:

### i) Perinatal Mortality:

- Defined as death among the fetuses weighing over 500gm or more at birth who die before & during delivery or within first 7 days of delivery.
- It is expressed in terms of such deaths per 1000 total births.

### ii) Perinatal Morbidity:

- Implies to the illness of neonate from birth to first 4 weeks.

## \* IFR:

- IFR =  $\frac{\text{No. of deaths of infants under 1 year old in a given year}}{\text{Per 1000 live birth in same year}}$

# Unit 13 : Drugs used In Obstetrics

## To Oxytocics in Obstetrics

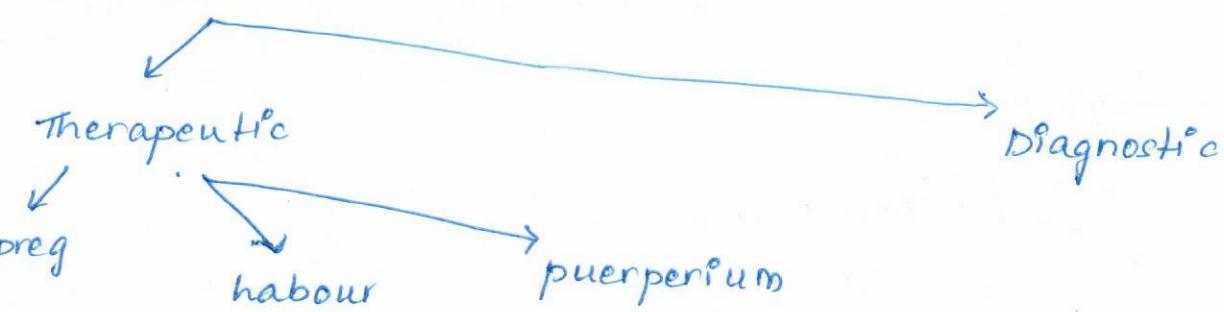
- Oxytocics are the drug of varying chemical nature that have the power to excite contraction of uterine muscles.
- they are :-
  - Ergot derivatives
  - Prostaglandins.

## 1) Oxytocin :

→ Pharmacology :- oxytocin is a non-peptide.

- synthesised in hypothalamus
- Then transported from hypothalamus to pituitary gland.
- It has half life of 3-4 mins
- duration of action approx 20 mins.

## Indication :



## Therapeutic

### Pregnancy

early

To accelerate  
abortion

To stop  
bleeding

used for  
Induction of  
labour

- To induce labour
- To ripen cervix
- Augmentation of labour

### Labour

- uterine inertia
- AMTSL
- 

### puerperium

- To minimise blood loss
- To control PPH

## Diagnostic

- Contraction stress Test (CST)
- Oxytocin sensitivity Test (OST)

## → Dangers of oxytocin ?

### Maternal

uterine hyperstimulation

uterine rupture

water intoxication

Hypotension

anti-diuretics

### Fetal

- Fetal distress
- fetal hypoxia
- Fetal death

## → Methods of Administration:

controlled Intravenous infusion

Intramuscular

- Oxytocin Infusion should be ideally by Infusion pump

- It is started 1-2mU/min &

increased gradually

Induction of labour

- oxytocin started at low rate at interval

of 20-30 min

- start : 1-2mU/min  
then 1-2mu in 20mins  
intervals up to 8mU/min

Augmentation of labour.

- oxytocin infusion is used during labour  
- procedure consists of low ROM

## → Diagnostic use of Oxytocin:

### i) Contraction Stress Test (CST):

- It is an invasive method to assess the fetal well being during pregnancy.