

## Decreased Fetal Movement with Abnormal Nonstress Test Preceding Fetal Death

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This case involved a 23-year-old woman, gravida 2, with a previous history of spontaneous abortion. After a prolonged episode of first trimester bleeding during which three successive ultrasonograms confirmed fetal well-being and integrity of the conceptive unit, the remainder of the pregnancy was uneventful. At 36 weeks the patient confided to her prepared childbirth instructor during class that she had not felt fetal movement all day. She was instructed to call her physician, who advised her to go to the obstetrical unit of the hospital where the class was being held to have the nurse verify heart tones. The nurse placed an electronic fetal monitor for 25 minutes, obtaining the markedly abnormal tracing shown in Figure 1. The physician, having been informed by telephone that the "baby moved" and that heart tones were "120 to 124 with increases to 128 to 130 and no decelerations," discharged the patient, advising her to come to the office in the morning if she was "still uncertain." The following morning, still unable to perceive any fetal movement, she arrived at the physician's office, whereupon she was found to have a fetal death.

### Outcome

Labor was induced, during which the mother developed a fever as high as 101.8°F, and at delivery foul-smelling fluid and oligohydramnios were noted. An autopsy revealed a normal fetus with no evidence of intrauterine growth retardation. Cultures of the amniotic fluid revealed numerous pathological organisms, including a preponderance of group B  $\beta$ -hemolytic streptococci.

### Allegations

#### *Hospital*

It was alleged that the nurse failed to properly interpret and report the results of the fetal observation, and that but for this failure, the baby would have been delivered alive and healthy.

#### *Obstetrician*

The attending physician was accused of failing to properly question and instruct the nurse regarding the fetal surveillance, and failing to personally examine the tracing, which would have resulted in the performance of a cesarean section and a normal, healthy infant.

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