

## **CHAPTER - 11**

### **ETHICAL CONSIDERATIONS AND LEGAL ISSUES IN OBSTETRICS AND GYNECOLOGY NURSING.**

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#### **Abstract**

The field of obstetrics and midwifery is inherently complex, involving both medical and ethical dimensions that affect the care of pregnant individuals, new-borns, and their families. Legal and ethical issues frequently intersect, posing challenges to healthcare providers in ensuring safe, equitable, and patient-centred care. Key legal considerations include informed consent, malpractice claims, and adherence to regulatory frameworks that govern clinical practice. Ethical dilemmas often arise in areas such as maternal autonomy, fetal rights, decision-making in high-risk pregnancies, and cultural or religious considerations in childbirth practices. The balance between respecting patient autonomy and adhering to evidence-based practices can create tensions, particularly in scenarios involving home births, refusal of medical interventions, or end-of-life decisions for neonates. Midwives and obstetricians must navigate these complexities while upholding professional standards, fostering trust, and minimizing harm. This abstract explores the critical legal and ethical challenges in the field, emphasizing the need for robust training, clear communication, and interdisciplinary collaboration to address these issues effectively and compassionately.

**Key words:** Medical ethics, informed consent, reproductive rights, ethical dilemmas, medical ethics, medical litigation, abortion ethics, health disparities and bioethics in obstetrics

## **11.1 Introduction**

Midwifery is a healthcare profession in which midwives provide comprehensive care to childbearing Women during pregnancy labor and postpartum period. Ensuring the well being of both the mother and newborn. Midwives play a critical role in offering antenatal education promoting safe childbirth and supporting mothers with postnatal care, including guidance On breast feeding and a newborn care. Their focus extends beyond clinical aspect, encompassing emotional and psychological support to empower women and families during this transformative phase. Midwives also contribute to reduce neonatal morbidity and mortality by ensuring timely interventions and identify potential complications. Obstetric on their hand is a specialized branch of medicine that deals with the management of pregnancy labor and puerperium under the normal and abnormal circumstances. It involves monitoring maternal and Fetal Health, diagnosing potential risk and providing medical surgical intervention when necessary to ensure safe delivery and postpartum recovery. While midwife and obstetric share the common goal of ensuring positive maternal and neonatal outcomes, they are governed by a framework of laws and ethical standards. Midwives are required to adhere to national regulation and professional guidelines ensuring safe practice across various settings, such as hospitals, labor delivery units, and community healthcare centers. The integration of ethical principle and legal obligations ensure accountability patient safety and the promotion of respectful maternity care.

## 11.2 Research objectives



**Figure 01: Flow chart of Research objectives**

### **11.3 Research methodology**

Conduct in depth interviews and focus with nurses, legal experts, and ethics committee members to gather personal experiences and insights. Analyze specific ethical dilemmas and legal disputes in obstetrics and gynecology to understand their implications and resolutions. Review healthcare policies, clinical guidelines and legal documents such as malpractice cases and informed consent protocols. Distribute structured questionnaires to healthcare professionals to quantify the frequency and nature of ethical and legal challenges. Compare ethical and legal practices across different healthcare system, countries or cultural contexts to identify universal and context-specific issues.

### **11.4 Definitions**

#### **11.4.1 Law:**

Laws are the rules of conduct or actions recognized as binding or enforced by a controlling authority such as the local, state or the national government. Laws are designed to prevent the action of one party from infringing on the rights of another party.

#### **11.4.2 Ethics:**

Ethics is the study of good conduct, character and motives. Ethics are the principles of conduct governing ones relationship with others. It is concerned with determining what is good or valuable for all people. Ethics focus on the interest of an individual in the society.

#### **11.4.3 Ethical and legal issues**

Ethical issues differ from legal issues. Content of the laws determined by system of government. Laws are enforced by the same system. Breaking the law usually results in public consequence. The law guides public behavior that will affect others and that will preserve community.

Ethics has a personal belief about the worth you hold for an idea, a custom, or an object. The values reflect your cultural and social influences.

Morals usually refer to judgement about behavior and ethics is the study of ideas of right and wrong behavior

#### **11.4.4 Rules and regulations in midwifery nursing practice**

All midwives must follow some standards and rules regulation that may range from the organization to organization.

➤ ***National standards of practice***

Various levels of legal regulations and standards define midwifery practice. National standards provide an explanation of delivery care. The educational programs of midwifery ensure that all new nurse midwives can safely deliver care within the scope of usual midwifery practice.

➤ ***State license or registration***

Midwifery is regulated by the state registration council through the license to practice. If a nurse midwife moves to a different state, she must obtain registration from the state in order to practice there. State license is meant to protect the consumers by ensuring that the midwife has an appropriate education for the profession and can provide self-care.

➤ ***Community standards***

A midwife's performance will be evaluated according to the availability of medical and nursing knowledge that would be used in the management of similar patients under similar circumstances by competent midwives, given the facilities, resources and options available.

➤ ***Institutional policies***

Policies and regulations of an institution govern the nursing and midwifery care to clients seeking health care in the place.

#### **11.5 CODE OF ETHICS: American college of Nurse – Midwives (ACNM):**

A certificate nurse midwife has professional moral obligations. The purpose of this code is to identify obligations which guide the nurse-midwife in the practice of nurse-midwifery. This code further serves to clarify the expectations of the profession to consumers, the public, professional and to potential practitioners.

Nurse-midwifery exists for the good of women and their families. This is good safeguarded by practice in accordance with the ACNM philosophy and ACNM standards for the practice of Nurse-Midwifery.

Nurse –Midwives hold the belief that childbearing and parturition are normal life processes. When intervention is indicated, it is integrated into care in a way that preserves the dignity of the woman and family.

Decision Regarding Nurse Midwifery care required client participation in an ongoing negotiation process in order to develop a safe plan of care. This process consider cultural diversity, individual autonomy and legal responsibilities.

Nurse Midwives share professional information with their clients that leads to informed consent participation.

Nurse midwives practice competently. They consult and share when indicated by their professional scope of practice and personal limitations.

Nurse midwives provide care without discrimination based on race, religion, lifestyle, sexual orientation, socioeconomic status or nature of health problem.

Nurse midwives maintain confidentiality except when there is a clear, serious and immediate danger or when mandated by law.

Nurse midwives take appropriate action to protect clients from harm when endangered by incompetent or unethical practices.

Nurse midwives interacts respectfully with the people with whom they work and practice.

Nurse Mid-wives participate in developing and improving the care of women and a families through supporting the profession, research and education of nurse---midwifery students and nurse-midwives.

Nurse midwives promote community, state and national efforts to ensure access to quality care and to meet the health needs of women and their families.

#### **11.6 ETHICAL PRINCIPLES THAT GUIDE IN NURSING PRACTICE:**

- Respect for person: It direct individuals to treat themselves and other with respect inherent to man's humanness.
- Respect for Autonomy: It means that the individual is able to act for themselves to the level of their capacity. It is right of the individuals to govern their own action according to their own purpose and reason. There are three types of autonomy – freedom of choice, freedom of action and effective deliberation.
- Respect for freedom: It is the right of freedom to exempt from control by other to select and pursue health goals. Nurses as a

group believe that the patients should have greater freedom of choice within the Nation's health care system.

- **Respect for Veracity:** Veracity concern truth telling and incorporate the concept that the individual should always tell the truth. It requires professional care givers to provide patients with accurate, reality based information about their health status and care of the treatment prospects.
- **Respect for Justice:** Justice concerns the issue that person should be treated equally and fairly. These principle of justice required treating others fairly and giving persons their due.
- **Respect for Non-maleficence:** This principle state that the one should do not harm or one is morally obliged to not harming others either physically, mentally or socially.
- **Respect for Beneficence:** The beneficence principle state that the action one take should promote good for other. It indicates that a person is obliged to help other to advance their legitimate and important interest.
- **Respect for Right:** Right is an entitlement to behave in a certain way under certain circumstances. These can be conventional and moral right.
- **Respect for Fidelity:** Fidelity is keeping one's promises or commitment. Fulfilling one duties and obligations.
- **Confidentially:** Caregivers should respect a patient's need for privacy and use personal information only to improve care.
- **Informed Consent:** The signature of the informed consent must be obtained before conducting the delivery after explaining the detailed of mode of delivery. The risk and the benefit associated with it, the role of mother and nurse in labor etc. All the explanation should be given to the mother and the family member also and a signature obtained in the consent form.

### **11.7 COMMON LEGAL AND ETHICAL ISSUES IN MIDWIFERY:**

Many legal and ethical issues are involved in obstetrics and gynecology. Lawsuits against the nurse include the following---



**Figure: Common legal and ethical issue in Nursing**

### **11.7.1 PROFESSIONAL NEGLIGENCE:**

Means an act or conduct that falls below the standard of care. The Joint Commission on Accreditation of Health Care Organization (JCAHO) define negligence is failure to use such care as a reasonably prudent and careful person would use under similar circumstances.

In legal terms negligence may be due to Malpractice or due to Tort.

➤ **Malpractice:** It is a negligence or carelessness by a professional person. It is professional misconduct, unreasonable lack of skill or infidelity in professional duties, evil practice or illegal or immoral conduct.

#### **Malpractice law suit against a nurse:**

- The nurse failure to monitor the client response treatment.
- The nurses did not carry out of the duty.
- The client was injured by the nurse.
- Falling of children from the bed in the ward.

Torts are basically two types—

1. Intentional torts: Assault, Battery, False imprisonment, Trespassing
2. Unintentional torts: Negligence, Malpractice, Abandonment etc.



### **Intentional tort:**

- Assault and Battery – the most common suit brought against Nurses. Assault is a threat to harm another and becomes crime against nurses. Battery is an intentional touching of a person without getting permission.
- Defamation of character- Act of holding up a person to scorn or contempt within the community.

### **Types of Intentional torts are basically two types-**

- a) **Slander-** in the form of spoken words e.g. if a nurse tells a client that his doctor is incompetent
  - b) **Libel-** in the form of written words
- **Fraud:** Purposeful, misrepresentation of self or an act that may cause harm to a person or property.
  - E.g. changing of the documentation which have been done or not done in the patient sheet for own means by the nurses.

### **Negligence on nurses duties that leads in law suits**

- Failure to follow the standard of care.
- Failure to used equipment in the responsible manner.
- Burns cause by equipment or solution.
- Falls that cause injury to patients.
- Leaving the foreign object in patient's body.
- Administer wrong medicine to a patient.
- Failure to exercise reasonable judgements.
- Failure to communicate.
- Failure to document.
- Failure to assess and monitor.

➤ **MEDICATION ERROR:** Nurses are providing medication to the clients. Certain problems can occur during giving medication which can result into allegation against nurses, such as improper dosage of medication, improper client medication, wrong route of medication and in wrong timing.

➤ **FAILURE IN MONITORING THE CLIENT:** It is the prime responsibility of the nurse to monitor the client regularly depending upon the condition of the client. She is expected to monitor the condition of the client admitted with any obstetric and gynecological problem. During antenatal period also, monitoring is essential so that any complication can be prevented. Nurse must monitor the client during antenatal, intra-natal and postnatal period. Failure of this can result into a legal issue.

➤ **FAILURE TO REPORT CHANGES OF THE CLIENT:** Nurses do the regular monitoring and the assessment of the client. During the assessment, she may notice any changes in the client condition. This should be brought to the notice of the physician. Within this, a precious life can be saved.

➤ **FAILURE IN ASSESSING THE CLIENT:** Assessment is the first thing which nurses have to do for providing any type of nursing care. Based on the assessment care is provided to the patients. She is responsible for assessing and reporting any minute changes in the client's condition. Higher levels of the assessment skills have to be maintained by the nurses in all the specialty areas. Failure of assessment may cause harm to the client which may cause a legal issue against the nurses.

➤ **ABORTIONS:** Many abortions are performed illegally. Nurses have the right to refuse to assist in the procedure of the abortion if it is illegal. If the abortion is performed under the act of medical termination of the pregnancy, she can assist the physician in this. Patients who have undergone abortion need care and monitoring. It is the nurse's legal responsibility to care for such client.

➤ **NURSING CARE OF THE NEWBORN:** Newborns require professional and specialized care. Nurses have many responsibilities for the newborn. She has to take the footprint of the newborn, from cord clamping, putting an identification band, weight checking, proving skin to skin contact for warm maintenance, immunization, breast feeding etc. Failure to carry out the responsibilities can result in liability in employment or even a civil suit.

### **11.8 AREAS OF LITIGATION IN MIDWIFERY:**

The issues are mainly divided into three parts, and these are

- A. Maternal issues
- B. Fetal issues
- C. Other issues

**A. MATERNAL ISSUES:** Maternal issues is where the potential areas of litigation in midwifery are mainly related to ante partum care, intra partum care and postpartum care.

- i. Ante partum care--- it includes history taking, investigation subsequent antenatal visit for screening of any abnormalities e.g., IUGR, IUFD multiple pregnancy, congenital abnormality, abortion etc. Avoidance of any relevant factors can cause maternal and fetal hazards. If any abnormalities found it should be informed to the mother and family members to avoid litigations. Counselling is essential regarding false positive and negative test to avoid the legal problems.
- ii. Intrapartum care--- Proper intra partum management is essential for healthy mother and a healthy child. Using and maintaining partograph, pulse oximeter or fetal electrocardiogram analysis can prevent birth asphyxia and the other complication during labor thus can minimize the litigations. The potential litigation in the intra partum period mainly involves the following aspects---

The key issues are---

- Paternity and maternity right
- Guardianship
- Custody and access
- Maintenance and financial support

Ethical issues are---

- What if the surrogate decides to maintain her privacy?
- What if the surrogate decides to keep the baby?
- What if the surrogate with genetic ties demands to visit her child?
- Do women participate in surrogacy to save her marriage?
- It is wrong for surrogate to abort?

Other maternal issues are- The issues of surrogacy can cause great moral, ethical and legal debate within the community. So every nurse midwives should understand the legal and ethical questions about surrogacy.

**1. Surrogacy:** A surrogate mother is someone who conceives and then give birth to a baby for another person, with the full intention of handling the child over to that person after birth.

The argument against the surrogacy is mainly based on two issues--- the best interest of the child and the feeling of the surrogate mother.

The legal, moral and ethical questions raised are may be several like-

- What happens if the surrogate mother changes her mind?
- What happen if case of miscarriage or multiple births?
- What happens if the child has serious disabilities?

**2. Egg donation:** Egg donation may be used successfully in treatment of multiple cause of infertility, as well as some genetic diseases. Egg donation is usually used in the following conditions---

- Patients with menopause or early menopause and unable to produce her own egg.
- Patients with absence of ovaries.
- Patients with multiple prior failure of IVF.
- Same gender couple who which to become a parents.

An egg donor may be anonymous or known to the patients requiring this procedure. Anonymous egg donors are younger than the age of 30. Their identity must be undisclosed to the prospective parents.

They would agree to undergo a cycle of hormonal ovarian stimulation and egg retrieval for the purpose of helping infertile couples become pregnant.

Known donors are either family members or friends of the prospective parents. The expert team of the Reproductive Fertility Centre help the prospective parents to match the donor egg and in every aspect of the process providing medical advice, financial assistance, legal guidance, emotional supports. So the nurse must have an important role in this process.

### **3. Artificial Reproductive Techniques:**

There are several ART and the nurse midwives should have a clear idea about all these procedures and its related legal and ethical issues

#### **a). Artificial Insemination:**

There are numerous legal problems stem from the practice of artificial insemination

- Insemination of the wife with her husband sperm
- Artificial insemination of the women with a donor's sperm

The primary indication of AID (Artificial Insemination of the Donor) are the male infertility and genetic problems.

The Questions may be arise are---

- Is the child conceived illegitimate?
- Does AID (Artificial Insemination of the donor) constitute criminal adultery? Or adultery that could lead to divorce on those grounds?
- Could the donor be held liable for rape if the women devices she gave consent.
- What are the AID child's right to his mother's husband estate?
- Does the AID child have a legal claim to the donor estate?

b). In Vitro Fertilization (IVF): This is one of the most recent ethical dilemmas brought into focus by modern obstetrics in the issues of IVF with subsequent embryo transplantation known in the vernacular test-tubes babies.

If the baby conceived by this method, is born with physical or mental handicapped, the issue of IVF certainly legally, morally and ethically significant. As the use of this techniques question will probably increase--

- With IVF the ovum is fertilized outside the body and the implanted into the uterus
- Between 15 to 20 embryos may result from a single fertilization effort
- Only 3 to 5 of these implanted in the women uterus
- Ethical question may arise what to do with the remaining embryos?
- Although the procedure has allowed infertile couples to have children some are concerned that is unnatural.

#### **4. ABORTION:**

From an ethical prospective, abortion is essentially the removal of women's support from the foetus, leading to the foetal death.

##### **Social issues:**

- Sex selective abortion and female infanticide.

Sex determination abortion before birth by USG or Amniocentesis may be the cause of sex selective abortion.

In India, the economic role of men and costs associated with dowries and also a Hindu tradition which dictates that funeral rites must be performed by a male have led to a cultural preference of sons. Government passed an official ban of prenatal sex screening in 1994 and moved to pass a complete ban of sex-selective abortion in 2002.

##### **Ethical issues:**

- During 1<sup>st</sup> trimester the state cannot bar anywhere woman from obtaining an abortion from a licensed physician.
- In the 2<sup>nd</sup> trimester, the state can regulate the performance of an abortion if such regulation relates to protection of women's health.
- In 3<sup>rd</sup> trimester the state can regulate and even prohibit abortions, except those deemed necessary to protect the women's life and health and the state may impose safeguards for the foetus.

#### **5. Medico-legal aspects of obstetric anaesthesia and informed consent:**

- Before treatment and diagnostic procedures or experimental therapy a patient must be informed of the reasons of the treatment.
- The physician must obtain signed consent
- The nurse must ensure that signed consent is in the patients chart before the procedure is performed

#### **6. Prenatal screening**

- Can detect the inherited and congenital abnormalities long before birth

- Early diagnosis may allow repair of an anomaly in the utero
- May force a patient to choose between having an abortion and assuming the emotional and financial burden of the raising a severely disabled child of the foetus and the right of the parent to know the foetal health status
- Help the patient fully to understand the procedure
  - a) Amniocentesis: The mother must be informed of the risk and the benefit of the procedure when she is asked to sign the consent form. The parents has the ethical and the moral right to take decision
  - b) Other prenatal diagnosis: other developing techniques to obtain information about the foetus like amnioscopy, fetoscopy, chorionic villus samplings etc, the result must need to take confidential and it is the legal prospect relating to the prenatal diagnosis

## **7. Sexual counselling**

- Should be done by the trained sexuality counsellors who are skilled in helping people with sexual problems
- Sexual matters have the right to privacy and confidentiality

## **8. Sterilization**

- Most sterilization operations are elective
- Informed consent-the expectations given to obtain this consent explain the major alternatives to sterilization including the must principal benefits and risks involved.

## **9. Genetic counselling**

The nurse midwives should have a complete understanding regarding genetic counselling. Nurses who are not trained in genetics counselling risk the legal consequences if they choose to do genetic counselling without appropriate training. Before genetics counselling accurate diagnosis must be done

- Parents have a right to maintain privacy about genetics counselling concerning to their matters

- The parents may be unwilling to inform to other family members or relatives because of guilt and embarrassment even though they have an ethical obligations to notify their relatives
- If the physician notify other family member without receiving consent from the parents the physician may breach the laws concerning privileged information.

### **10. Home birth:**

Many health professional are reluctant to attend home births because they fear a malpractice action if problem arise.

### **11. Ethical issues in pre implantation genetics diagnosis (PGD):**

It is a procedure done in a conjunction with IVF to detect any genetically defective embryos before they have a chance to develop.

### **12. Ethical issues in prenatal and labour care**

a) Foetal monitor: Foetal monitoring are now widely used in labour and delivery units. The nurse is responsible to monitoring the equipment, assessing and tracking of possible complication. If an alarm system is available on the monitoring device the nurse should not deactivate the alarm for convenience. for example the Doppler used in the maternity unit to record the foetal heart rate are saved automatically so to prove as a vital evidence in a malpractice law suit. So the nurse should not delete or deactivate the record.

b) During Labour and delivery-The midwives must be aware about the correct procedures and administering of correct drugs and also strives to ensure the women safety and privacy during labour and delivery. All other necessary equipment must be kept ready in hand to protect the mother and the baby.so as to avoid the medico legal issues.

c) Maternal complications: The mother should not leave unattended during labour. Frequent assessment should be done.

d) Still born –some legal problems may arise if proper protocols are not followed in these cases of still born. Careful documentations of the events is the primary role of the midwifery nurses.



e) Ethical issues in neonatal care and resuscitation: Questions ethical issues in neonatal care are as follows

Who deserves access to prenatal and neonatal speciality care?

Who pays for this care?

Are the cost of neonatal intensive care acceptable?

Who decides whether an infant receives care?

## **Foetal issues**

Foetal Research: foetal research is a criminal offense and states that foetal research have placed many constrains on this activity. Right to get consent, it should be the health needs of the foetus.

Foetal therapy : women refuses to do foetal therapy because of the moral obligations, foetal abuse, rejection of the therapy

Foetal right:

- ✓ A foetus has the right to survive and needs full nutrition, support and protection of mother.
- ✓ At any cost, the foetus should not be injured.
- ✓ A foetus should not be left to die.

Nurses role:

- ✓ Protect the foetus from injury.
- ✓ Educate the mother to consume healthy diet.
- ✓ Vaccinate the mother.
- ✓ Protect the mother from all kinds of infection.
- ✓ Educate the mother about hygiene practise.
- ✓ Frequently monitor the foetal growth.
- ✓ Avoid intentional injury to the foetus.

## **B. Foetal Tissue Research:**

- Foetal tissue research has facilitated the scientific research for Parkinson's disease, Alzheimer's disease, Diabetes and other Degenerative disorders.
- Transplanted foetal nerve cells helps to generate new cells in a patients that somehow reduces the symptoms

- Immaturity of the foetal immune system reduces the chance of recipient rejecting the tissue.
- Some are concerned with whether the number of abnormalities will increase in response to the need for the tissue and whether this is an ethical use of human tissue

### ***C. Eugenics and Gene manipulation:***

- Gene therapy can be prevent and manage different disorder
- Gene therapy using DNA can be used to increase or decrease the activity of a gene in the body or to introduce a new gene into the body.

### ***D. Cord Blood Banking:***

Cord Blood taken from the new-born umbilical cord at the time of the birth may play a major role in combating leukemia, certain other cancers and immune and blood system disorders. This is possible because cord blood is like bone marrow and embryonic tissues contains regenerative stem cells which can replace the diseased cell in the affected individual.

Collecting involves no harm to the mother and the new born

Cord blood is available for use more rapidly than bone marrow.

#### ***Ethical Issues:***

- ✓ Who owns the blood? The donor? The parents? The private blood bank society?
- ✓ How will informed consent be obtained and by whom?
- ✓ How will the confidentiality ensured?

### ***E. Embryonic Stem cell research:***

- Human stem cell can be found in foetal embryonic tissues and primordial germ cells of the foetus
- The stem cells can be differentiate with the other cells like blood cell, nerve cell, heart cell etc.
- The stem cells are used to treat the disease like Alzheimer disease, Parkinson's disease, Spinal cord disorder, Metabolic disorder etc.

**Ethical issues:**

- What moral status should be attached to the human embryo?
- How should an embryo be viewed?
- What sources of embryonic tissues are acceptable for research?

***F. Female Foeticide:***

- It is the worst example gender discrimination.
- It indicating gross violation of women's right.
- No moral and ethical principle are supports such a procedure for gender identification.
- It is extreme violence against women.
- Female foetus are selectively aborted after prenatal sex determination.
- Sex ratio of an Indian population are dropped for this reason.
- The strict implementation of Indian legislation can only be prevent the problem.

**OTHER ISSUES:**

***1. Ethical issues in pregnant women consuming global alcohol and drugs:***

According to the centre for Reproduction Right (2000)

- Prosecuting the pregnant alcohol or drug users does not particularly protect the well-being of the foetus.
- Poor and minority pregnant women are disproportionately tested for drugs and the threatened with punishment.
- Prenatal consumption of alcohol, cigarettes smoking, cocaine abuse may cause Foetal Anomaly syndrome or mental retardation.

The nurse midwives should educate and counsel the mother about the harmful effects of the alcohols and drugs. Encourage the mother for gradual return of alcohol and drugs abuse.

***2. Ethical and legal issues in mentally unhealthy pregnant women:***

The issues of autonomy arises in mentally unhealthy or those with psychiatric illness. Informed consent cannot be obtained from a pregnant

women with disability. The mother's mental condition does not understand foetal growth which leads to ethical dilemma regarding the following rights----

- Right to continue the pregnancy
- Right to decide abortion as option
- Right of the foetus

The ethical issues is that the self-deciding capacity of the mother is dominated by the doctor her spouse or family members. If the mother continues to take psychiatric medicine, it will harm the foetus and if she stops them it will upset her health status.

Nurses Role:

- Involve the mother in decision making regarding her pregnancy.
- Get informed consent from her husband or guardian.
- Counselling for family planning.
- Educate about unnecessary foetal loss.
- Educate about legal abortion if the life of the foetus and the mother is grossly affected.

### ***3. Ethical issues regarding sexual abuse of pregnant women:***

Some women are sexually abused even they are pregnant. If a women gets pregnant because of rape there is no motive for preserving physical, mental and social health of the mother.

Nurses Role:

- Listen to the mother carefully.
- Responding her needs.
- Avoid insisting to knowing the cause of sexual abuse.
- Avoid gossiping about her.
- Obtain informed consent before any procedure such as vaginal examination, perineal care, collection of vaginal swab for culture.

## **11.9 LEGAL SAFEGUARDS IN NURSING PRACTICE**

1. Licensure: Nurses poses a valid licensure issued by the State Nursing Council or Indian Nursing Council.
2. Physician order: Nurses are obligated (to follow order unless they believe that order are not accurate).

3. Short Staffing: Inadequate staff may arise sometime if the nurse is assigned to take care of more patients.
4. Floating Nurses: Nurses can inform the supervisor and request for orientation.
5. Good Samaritan Laws: Encourage health care professional to assist in emergency situations.
6. Good Rapport: Maintain open, honest, respectful relationship and communication with patients and family members.
7. Standard of Care: Always better to follow standard of care to avoid Malpractice and do not attempt beyond the level of competence.
8. Standing order: Apply standings treatments guideline that has been established by the physician as appropriate.
9. Informed Consent: Always explained about the procedure and take an informed the consent for operation and other procedures.
10. Correctly Identity: Proper ID band should be given to the mother and the new-born.
11. Counting: Counting of sponge, instruments and needles must be recorded.
12. Drug Maintenance: Drugs must be counted and recorded and maintain a registered to avoid misuse and malpractice.
13. Professional confidence: Confidentially must be maintained to avoid the legal and ethical issues.
14. Documentation: Record maintain by the nurses are not only to provide continuity in care but it is also be used in court as medico legal evidence.
15. Patient's property: The nurse is not supposed to go through the patient locker and belonging without permission.

### **11.10 GUIDELINES FOR SAFE PRACTICE:**

#### **Do's**

1. Documentation of all unusual Incidences
2. Report all unusual incidences.
3. Know your job descriptions.

4. Follow policies and procedure as established by the employing agencies.
5. Keep your registration updated.
6. Perform procedure within the standard scope to practice.
7. Protect patient from injuring themselves.
8. Remain alert and focused.
9. Maintain and established rapport with patients and family.
10. Seek and clarify orders when the patient's medical conditions changes.
11. Practice safety with physician's verbal order.

#### Don'ts

1. Remove side rails from patients' bed unless there is an order or hospital policy to do so.
2. Allow patients to leave the hospital or nursing home unless there is an order or signed release.
3. Accept money or gifts from patients.
4. Give advice that is contrary to physician orders or the nursing care plan.
5. Give medical advice to friends and neighbours.
6. Attempt to practice medicine.
7. Take medication that belongs to patients.
8. Work as licensed practical/ vocational nurses in a state in which you are not licensed.

### **11.11 CONCLUSIONS**

Obstetrics and midwives are face many ethical and legal issues during antenatal, intranatal, and postnatal period but they should be careful and adopt ethical and legal principles to safeguard the mother and foetus. Legal and ethical issues in obstetrics and midwifery underscore the delicate balance between protecting patient rights, ensuring safety, and upholding professional responsibilities. These challenges require healthcare providers to navigate complex situations involving maternal autonomy, fetal wellbeing, and societal expectations. Adherence to legal

frameworks and ethical principles is essential to mitigate risks, foster trust, and provide equitable, respectful care.

Effective resolution of these issues relies on open communication, shared decision-making, and continuous education for practitioners to remain informed about evolving laws, ethical guidelines, and cultural considerations. Interdisciplinary collaboration and robust support systems are also crucial in addressing conflicts and improving outcomes for patients and their families. Ultimately, a commitment to compassionate, patient-centered care is vital in resolving the legal and ethical complexities inherent in obstetrics and midwifery practice.

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