TOPIC: **RESEARCH, DEVELOPMENT AND ADOPTION OF AN INDIVIDUAL INFORMED CONSENT FOR USE OF THE DRUG PITOCIN IN WOMEN DURING LABOR**

SUBMITTED BY: **Salisbury University Student Nurses' Association**

WHEREAS, Pitocin is a synthetic form of the hormone oxytocin which "promotes uterine contractions during parturition…and can increase the force, frequency, and duration of contractions"; and

WHEREAS, the primary use of Pitocin is induction of labor near term; and

WHEREAS, Pitocin is used in up to 60% of births in the United States; and

WHEREAS, "an autonomous authorization [of a medical procedure] requires more than acquiescing in, yielding to, or complying with arrangement or a proposal made by a physician. A person gives an informed consent…if and only if the person, with substantial understanding and in substantial absence of control by others, intentionally authorizes a health professional to do something"; and

WHEREAS, the American College of Obstetricians and Gynecologists calls informed consent a fundamental ethical obligation of health care professionals; and

WHEREAS, maternal effects of Pitocin administration can include hypertensive episodes, subarachnoid hemorrhage, rupture of the uterus, coma, and death; and

WHEREAS, fetal effects can include bradycardia, cardiac arrhythmias, jaundice, retinal hemorrhage, central nervous system or brain damage, and death; and

WHEREAS, Oxytocin is the drug most commonly associated with preventable adverse perinatal outcomes; and

WHEREAS, "oxytocin administration errors are a significant source of professional liability. According to the 2004 ACOG professional liability survey, 21.9% of claims involving neurologically impaired babies and 14.7% of claims involving stillbirth or neonatal death included management of oxytocin. Approximately one half of paid claims involve allegations of oxytocin misuse"; and

WHEREAS, a potential relationship between maternal administration of Pitocin and development of social disorders in the newborn exists; and

WHEREAS, the Institution for Safe Medical Practices recognizes Pitocin as a High Risk medication; and

WHEREAS, "interventions during labor and birth often are not warranted, lack scientific merit, and have the potential to increase the likelihood of iatrogenic injuries to the mother and/or baby"; and

WHEREAS, Pitocin is not approved by the Food and Drug Administration (FDA) for elective labor induction; and

WHEREAS, elective induction of labor with Pitocin leads to a higher incidence in Cesarean sections; and

WHEREAS, elective induction of labor with Pitocin can cause a baby to be born prematurely; and

WHEREAS, up to two thirds of induced labors have no medical indications; and,

WHEREAS, in 2006 the average length of pregnancy decreased from 40 weeks to 39 weeks because of premature inductions and Cesareans; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support further research, development and adoption of a separate informed consent for Pitocin administration during labor, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to become aware of the options available during the processes of labor, if feasible; and be it further

RESOLVED, that the NSNA publish an article on the benefits-to-risk ratio of Pitocin administration in *Imprint* magazine, if feasible; and be it further;

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the Commission on Collegiate Nursing Education, the National Organization for Associate Degree Nursing, the American Association of Colleges of Nursing, the American Congress of Obstetricians and Gynecologists, the Association of Women's Health Obstetric and Neonatal Nurses, the Food and Drug Administration and all others deemed appropriate by the NSNA Board of Directors, if feasible.