

LEGAL AND ETHICAL ISSUES IN OBSTETRICS AND MIDWIFERY

Abstract

Obstetrics and midwifery is a specialization that deal with providing clinical and attentive care to women. The focus of obstetrics and midwifery is on taking into account women before, during and after childbirth. Lawful and moral ability is a foundation of expert maternity care practice and a fundamental piece of birthing assistance preparing. Suit in clinical practice is turning into a worldwide issue. Variables could prompt case like maternal issues during antepartum, intrapartum and postnatal care, fetal issues such as failure to properly monitor fetus, still birth ,birth injury ,wrong documentation . Health care giver, particularly midwives, perinatal and neonatal nurses are face ethical issues. These issues are multiple and quite complex . So there is important to identify the legal and ethical issues in obstetrics and midwifery .

Keywords: Obstetric, midwifery , legal issues and ethical issues

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I. INTRODUCTION

1. **Midwifery** is a health care field where midwives provide care to pregnancy, labor and postpartum period in women. They also assist in taking care of the infant to ensure their healthy development and growth.
2. **Obstetrics** is defined as the branch of medicine that deal with parturition, its antecedent and its sequel. Obstetrics generally means the management of pregnancy, labour and puerperium under normal and abnormal circumstances.

Ethics and professional issues are frequently considered as complementary to one another, but they are also frequently seen as the two sides of coin, midwives are required to adhere to rule and regulation.

II. DEFINITIONS

1. **Ethics:** “The study of moral behavior, character and motivation is called ethics. It is focused with figuring out what is worthwhile or good for everyone. The focus of ethics is on a person’s social and personal interest.”
2. **Ethical and legal issues:** “Ethical issues differ from legal issue content of the law determined by system of government. Law are enforced by the same system. Breaking the law usually results in public sequences. The law guides public behavior that will affect others and that will preserve community.”

III. RULES AND REGULATIONS IN MIDWIFERY NURSING PRACTICE

Midwives must follow some standards and rule regulations that may range from the organization to organization.

1. **Nationally recognized best practice:** Midwifery practice is outlined by many legal standards and laws. An expectation of care delivery is provided by national standards. The midwifery educational programmes make sure that all new nurse midwives are capable of providing care safely within the parameters of customary midwifery practice.
2. **State license or registration:** The state Registration Council regulates midwifery practice through the practice licence. The purpose of state licence is to safeguard the public by ensuring that midwives are qualified professionals who can deliver safe care.
3. **Community Standard:** “A midwife’s performances will be evaluated according to the availability of medical and nursing knowledge that would be used in management of similar patients under similar circumstances by competent midwives, given the facilities, resources and options available”.
4. **Institutional policies:** Policies and regulations of institutions govern the nursing and midwifery care to clients seeking health care in that place.

III.LEGAL AND ETHICAL PRINCIPLES IN THE DELIVERY OF HEALTH SERVICES

1. Making an informed choice: Patient or others who need medical services have the right to choose their own treatment plan or other related matters, it is known as informed consent to get authorization.

- **Autonomy:** It means that the person has the capacity to act on their behalf. The individual has the right to control their own behaviour in accordance with their own goal and activity.

It should be mentioned that autonomy goes against sound medical judgement by not respecting the patient's wishes. Simply expressed, a medical professional has the right to reject a patient's preferred course of treatment if it won't benefit the patient in any way. The following information should be disclosed by the health care provider.

- **Surrogate decision makers:** If the affected person's capacity to make decision is compromised by variables like extreme young, mental processing challenges, severe illness, or loss of awareness, surrogate decision makers (parents, caretakers, or guardians) may make the choice on their behalf.

2. Privacy and confidentiality: A patient's family, friends, or spiritual advisor do not have right to see their medical records unless they have the patient's permission. Keep in mind the confidentiality guidelines.

3. Component delivery services: Every person has a right to receive care from a qualified healthcare professional who is skilled in handling such circumstances. In accordance with the legislation, medical negligence is demonstrated when 4 of the elements listed below are proven by the complaining party. A provider must owe the complaining party a legal obligation of care. It is necessary to demonstrate a breach of the established legal duty of care, which shows that the health care professional did not adhere to the legally mandated standard of care. Showing damage is required. One must demonstrate causation.

4. Product efficacy and safety: Health care practitioners are accountable for any unintentional or intentional use of items that deviates from its intended usage or recommended techniques, such as changing a drug's dosage. Check for drug contraindications, drug expiration, diluted, sterilisation solvent damage, etc..

5. Respect for veracity: The idea that one should always tell the truth is incorporated into the veracity notion.

6. Respect for justice: Justice is the idea that every person ought to be treated fairly and equally.

7. Respect for non-maleficence: This principle states that one should do no harm or one is morally obliged to not harming others either physically, mentally or socially.

- 8. Respect for beneficence:** According to the beneficence principle, one should always try to do good for others.

IV. CODE OF ETHICS: AMERICAN COLLEGE OF NURSING MIDWIVES (ACNM)

“ A trained nurse midwife has ethical responsibility in her line of work . This code’s objective is to define the duties that serve as a road map for nurse-midwives while they practise their profession”.

- 1. Nurse-midwifery:** For the benefit of women and their families, it exists. This good is protected by practicing in accordance with ACNM standards for nurse-midwifery practice.
- 2. Nurse –midwives:** they believe that having children and giving birth are natural life processes. When intervention is necessary, it is incorporated into care in a way that protects the woman’s and her family’s dignity.
- 3. Decision regarding nurse midwifery care:** It necessitates client involvement in an ongoing negotiation to create a secure plan of care.
- 4. Nurse midwives practice competently:** When necessary for their professional field of practice, they consult and collaborate.
- 5. Nurse midwives provide care without discrimination:** According to a person’s race, religion, ways of life, sexual orientation, socioeconomic background, or type of health issue.
- 6. Nurse midwives maintain confidentiality:** With the exception of situations involving a blatant, imminent, serious threat or when it is required by law.
- 7. Nurse midwives take appropriate action:** When a client is in danger due to a negligent or unethical conduct, to shield them from harm.
- 8. Nurse midwives promote community:** State and federal initiatives to guarantee women and their families have access to high quality care and to address their health needs.

IV. MIDWIFERY PRACTICE ETHICAL CODE

- 1. Midwives rights:** The authority to deny service to patients with whom there is no established patient midwife connection. Patients have the right to be released from her care as long as she has received enough information from them, the right to ask patients for truthful, pertinent information, which is the foundation of caring,
- 2. Midwives responsibilities:**
 - The responsibility of protecting natural birth, being aware of potential difficulties, and remaining vigilant at all times against arbitrary interference or the intention to use birthing women for training, the responsibility to respect the privacy of persons encountered while practicing midwifery and to treat everything observed and heard as sacred, constantly keeping in mind that a midwife owes not her health care professional but her patient.

- Responsibility to give patients comprehensive, accurate, and pertinent information so they can make educated decisions about their health care.
- Never criticise another midwife's or other healthcare providers treatment without first getting in touch with them directly, the obligation to create and use a reliable system for medical collaboration, consultation and referral.
- The responsibility to pursue professional development by continuous assessment of skill and knowledge, and continual learning of all topics pertinent to midwives by assessing their potential and competence honestly and accurately and by imparting information and skills to the degree that doing so does not violate another provision of this code.

3. Unprofessional conduct

- Intentionally or repeatedly failing to record a patient's status, answers, progress, or other facts learned during care in a precise manner. This involves omitting to enter information, erasing information, or entering inaccurate information in records relevant to midwifery care.
- Attempting to utilise method or techniques of midwifery for which the midwife is unqualified due to lack of training or education.
- Failing to provide care in a reasonable and professional way, including keeping patient load that prevents the principal attendant from providing particular treatment. Leaving a patient during labour without giving enough care to mother and baby. A person who lacks the skill or knowledge necessary to carry out the relevant function or task is given midwifery care or responsibilities.
- There should be improper behaviour influencing a patient's decision or manipulating it by withholding or distorting information is against the right of the patient to make informed decision their medical treatment. without immediately reporting an instances of a breach of any legal or professional code to the relevant state board or the competent authority within the association.

V. INTERNATIONAL CODE OF ETHICS FOR MIDWIVES

International Confederation of Midwives(ICM) mission is to :

“To improve the standard of care provided to woman, babies and families throughout the world through the development, education and appropriate utilization of the professional midwife. In keeping with the aim the ICM sets forth the following code to guide the education, practice and research of midwife. This code acknowledge women as persons with human right, seeks justice for all people and equity in access on health care, and is based on mutual relationship of respect, trust and dignity of all members of society. The code address the midwife's ethical mandate in keeping with the mission the International definition of midwife, and standards of ICM to improve health and wellbeing of women.”

VI. COMMON LEGAL AND ETHICAL ISSUES IN MIDWIFERY

Obstetrics and gynaecology raises a number of legal and moral difficulties. Law suits against the nurses include the following:

- Professional Negligence
- Medication Error
- Failure in monitoring of the patient
- Failing to notify the changes of client
- Abortion
- Nursing care of newborn

Providing nursing care to newborn in a way that is below the standards of care, Negligence is defined by the Joint Commission on Accreditation of Health Care Organization (JCAHO) as the failure to exercise the degree of care that reasonable and careful individual would exercise in the same situation.

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

1. **Malpractice:** It is an instance of professional negligence or carelessness. It is unethical practice, illegal or immoral behavior, an unjustifiable lack of skill, or infidelity in the performance of professional tasks. Nursing malpractice cases include the
 - Inability of the nurses to assess client's reply
 - Nurse failed to perform her duties.
 - The nurse hurt the customer.
 - Children falling from their beds in the ward.
2. **Torts:** A tort a civil wrong for which a common law damages suits is the sole legal remedy that cannot be quantified and which does not just result from a breach of contract or breach of trust..

Torts are basically two types:

Intentional torts: Assault, Battery, False imprisonment

Unintentional torts: Negligence, Mal practice, Abandonment etc.

- **Intentional tort**

Assault and Battery- The most frequent charge against nurses is assault and battery. Assault is threats to hurt another person constitute, which is crime against nursing. Battery is the intentional, unauthorized touching of another individual.

- **Types of intentional torts are basically are**

- Slander: in the form of spoken words e.g if a nurse tells a client that his doctor is incompetent.
- 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 nurses.

3. Professional Negligence

- Not using equipment responsibly
- Failure to adhere to the accepted standard of care
- Equipment –related burns
- Falls that caused injury to patient
- Putting a foreign object inside a patient’s body.
- Poor communication
- Giving a patient the incorrect medication.
- Lack of documentation
- Inadequate assessment and monitoring

4. Medication error: Nurses are provided medication to the clients. Certain issues that might lead to allegations against nurses include incorrect medicine dosage , incorrect client Medication, incorrect drug route and giving medication in incorrect time.

5. Failure to properly monitor the client: Nurses primary responsible to routinely monitor the client depending on client’s status. She is expected to keep an eye on client’s health who has been admitted with any obstetrics or gynecological issue. Monitoring is essential during before and after conception in order to identify and address any potential complications. During the antenatal, intranatal and postnatal period client must be monitored by the nurse. If you don’t, you can run into legal problems.

6. Failing to notify the client changes:

- The client is regularly assessed and monitored by the nurse.
- She might note any changes in the client’s condition while conducting the examination.

Inadequate client assessment:

- Nurses staff must first conduct an assessment for providing any type of nursing care.
- Patient will receive care in accordance with the assessment.
- She is incharge of identifying and disclosing any little changes.
- Failure of assessment may cause harm to client which may cause a legal issue against the nurses.

7. Abortion: Abortion are frequently carried out illegally. If an abortion is illegal, nurses are free to decline to assist with the surgery. She can help the doctor if the abortion is carried out in accordance with the act of medical termination of pregnancy .The nurse has a duty of care to such a client under the law.

8. Nursing care of newborn: For the newborn ,nurses are responsible for several tasks Nurse must record the newborn’s footprint , as well as those of newborn’s cord clamping,

identification band replacement ,weight check and skin-to-skin contact for warm maintainance, immunization and breastfeeding. Failure to fulfill obligations may expose an Employer to liability.

Issues mainly divided into 3 types

Maternal Issue
Fetal Issue
Other Issue

- **Maternal issues:** Maternal issues in where the potential areas of litigation in midwifery are mainly related to ante partum care and post partum care.
- **Antepartum care:** It include history taking, investigation subsequent antenatal visit for screening of any abnormalities e.g IUGR, IUFD, multiple pregnancy ,congenital abnormality ,abortion etc. Obstacles for the mother and the foetus can result from avoiding any pertinent circumstances. If any abnormalities found it should be informed to the mother and family member to avoid litigation. Counselling is essential regarding false positive and negative test to avoid the legal problem.
- **Intrapartum care:** Proper intra partum management is necessary for a healthy mother and a healthy child. Using and maintaining partograph, pulse oximeter or foetal electrocardiogram analysis can prevent birth asphyxia and other complication during labour thus can minimizes the litigation. The potential litigation in the intra partum period mainly involves in the following aspects:
 - **Prenatal injury: It includes**
 - Still birth and neonatal death
 - Brain damage to a baby
 - Complication following breech delivery
 - **Maternal injury: It includes**
 - Maternal trauma
 - Maternal death
 - Episiotomy
 - Forgotten packs in abdominal cavity or within the vagina
 - **Both prenatal and maternal injury**
 - Instrumental delivery
 - Operative delivery
 - Anaesthesia

Delayed decision in caesarean section, delayed decision of emergency obstetrics care in case of difficult vaginal delivery ,breech presentation ,multiple pregnancy, instrumental delivery etc may cause maternal and foetal morbidity and mortality which

may cause litigation problems. Expert anaesthesia during operative delivery may prevent anaesthesia hazard and thus to prevent medical litigation.

- **Post psartum care:** In this part if the mother suffering from complete perineal tear (obstetrics and anal injuries) may cause significant perineal pain ,anal incontinence due to forcep delivery or operative delivery ,so the mother and family member should be counselled properly about risk of injury thus avoiding litigation.

Perinatal morbidity due to brain damage ,damage to the bones of the newborn causes neurological and psychological deficiency . It is the major litigation issue where compensation are claimed . A health professional will be used if it can be proved in court.

9. Other maternal issues are:

- **Surrogacy**

- The moral ,ethical and legal debates around surrogacy can be intense.
- A person who carries (conceives and carries within the uterus) and then gives birth to a child for another person with the aim of handling the child over to that person after birth is referred to as surrogate mother.

The following are circumstances under which surrogacy arrangement might be considered.E.g.

A woman cannot get pregnant.

Pregnancy might be risky for a woman if she has a health issue.

The Issues against surrogacy are:

- Paternity & maternity rights
 - Maintenance & financial support
 - What are the rights of the child?
 - What happens if the child has serious disabilities?
 - What if the surrogate decides to keep the baby?
 - What if the surrogate with genetic ties demands to visit her child?
 - Is it wrong for a surrogate to abort?
- **Egg donation:** Numerous infertility causes and some hereditary illness can both be successfully treated with egg donation.

The following are circumstances where a surrogacy agreement might be thought about:
E.g.

- The patient is incapable of producing own egg and is either in early menopause or menopause
- A patient whose ovaries are non-existent.
- A patient who may not able to prevented by pre-implantation genetics diagnosis but is at risk of passing on a hereditary condition.

➤ A patient who has a history of unsuccessful in vitro fertilisation attempts.

- **Artificial Reproductive technique**

➤ **Artificial insemination:** The primary indication for AID (Artificial Insemination of the donors) are male Infertility & genetic problems

Issue

- Informed consent to be taken
- The donors not know the identity of the husband and wife and vice versa and that the physician can be given permission to select the donor.
- Donor insemination raises the issue whether the child should be told about his genetic father or not.
- **In-vitro fertilization:** In IVF the ovum is externally fertilised and subsequently placed into uterus. A single fertilisation attempt may produce 15 to 20 embryos .Only 3 to 5 of these were success in implantation. Concerns over ethics may rise when deciding what to do with the leftover embryos.

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

Social issues

- Sex selective abortion & female infanticide
- Sex determination before birth by USG or Aminocentesis may be the cause of selective abortion.

Ethical Issues

- The state cannot impose any restrictions on where women can get an abortion from a doctor with a licence during the first trimester.
- If an abortion is performed during the second trimester, a state may impose restrictions if they are necessary to preserve the woman's health.
- Abortion may only be performed during the third trimester, if they are absolutely essential to protect the woman's life and health ,and the state may also set precautions for the unborn.

11. Ethics & medico-legal aspects of obstetric anaesthesia and informed approval

- A patient must be told of the rationale for the treatment ,any potential side effects, and available alternative treatments prior to receiving any sort of treatment ,diagnostic procedure , or experimental therapy.
- The doctor needs the patient's consent in writing.

12. Prenatal Screening

- It can identify inherited and congenital anomalies long before delivery ,and early detection could enable uterine abnormality repair.
- Mother should complete comprehend the procedure before doing the procedure.
 - Amniocentesis
 - Chorionic Villus Sampling

13. Sexual Counselling

- Should be done by trained sexuality: Counsellors who are skilled in helping people with sexual problems.
- Sexual matters have the right to Privacy & Confidentiality.

14. Sterilization

- Most sterilization operation are elective.
- Informed consent - the expectation given to obtain this consent explain the major alternatives to sterilization including the must principal benefits and risk involved.

15. Genetic Counselling: The nurse midwives should have a complete understanding regarding genetic counselling. Nurse who are not trained in genetic counselling risk in legal problem if they choose to do genetics counselling without appropriate training Before genetic counselling accurate diagnosis must be done.

- Parents have right to maintain privacy about genetic counselling concerning to their matters.
- The parents may be unwilling to inform to other family members or relative because of guilt and embarrassment even though they have an ethical obligation to notify their relatives.
- If the physician notify other family members without receiving consent from the parents the physician may breach the laws concerning privileged information.

10. Ethical Issues related to pre-implantation genetic diagnosis (PGD): A process called pre implantation genetic diagnosis (PGD) tries to eliminate genetically flawed embryos before they have a chance to mature. It is a process carried out concurrently with in vitro fertilisation (IVF).

11. Ethical & legal issues in prenatal &labour care

- **Fetal Monitors:** Fetal monitors are now widely used in labor and delivery units. The nurse is responsible for applying the monitoring equipments, assessing and tracing for signs of possible complications. If an alarm system is available on the monitoring device the nurse should not deactivate the alarm for convenience. Wiley(1976) suggest that the fetal heart rate records should be saved since they might prove to be vital evidence in a malpractice law-suit. The nurse should not deactivate the alarm for convenience.

- **During Labor & Delivery:** Anesthetics may be given for the mother's comfort. General anesthetic risks to the infant should be considered because all inhalant and intravenous anesthetic crosses the placenta. Nurse-anesthetist must be aware of correct procedures for administering anesthetics and nursing attendants must also strive to ensure the woman's safety. General anesthesia – rules to the infant should be considered, since all inhalant or anesthetic drugs promptly cross the placenta. General anesthesia depressant effects on the infants.
- **Maternal Complications:** A woman should not be left unattended during labor and frequent physical assessment of her condition should be made and recorded by the nurse. If any signs are detected informed to physician.
- **Still born infants:** When the infant is born dead, the events surrounding the delivery must be carefully documented. Legal problems may arise when proper procedures are not followed. When an infant is born dead there must be careful documentation of the events surrounding the delivery. Examined for congenital anomalies by means of X-ray and laboratory studies, Chromosomal anomalies studies & Genetic counseling.
- **Neonatal Complications:** Careful identification of infant is required. For legal purposes, it is important that the infant be identified as quickly as possible, preferably in the presence of mother.

12. Ethical Issues In neonatal care and resuscitation:

Questions about the ethical issues in neonatal care as follows:

- “Who deserves access to prenatal and neonatal specialty care?”
- “Who pays for this care?”
- “Are the costs of neonatal intensive care acceptable?”
- “How can this care be assured and equitably distributed?”
- “Are some babies too sick or too premature for newborn intensive care?”
- “What outcomes of neonatal intensive care are too burdensome?”
- “Who decides whether an infant receives care?”
- “How are these decisions made?”

13. Foetal issues

- **Fetal research:** Fetal research is a criminal offense and states that fetal research has placed many constraints on this activity. Right to consent. It should be the health needs of the Fetus.
- **Fetal therapy:** Women refuses to do fetal therapy because of normal obligations fetal abuse, rejection of the therapy.
- **Foetal right**
 - A foetus should not be left to die; it has the right to life and require the mother's complete care, protection, and feeding.

- A foetus has the right to life and requires the mother's care ,support and adequate sustenance.

- **Nurses role**

- Prevent harm to the patient.
- Educate the mother about eating a healthy diet.
- Vaccinate the mother
- Protect the mother from all kind of infection.
- Educate the mother about hygiene practice.
- Frequently monitor the foetal growth
- Avoid intentional injury to the foetus

- **Research on foetal tissues**

- The use of foetal tissue has aided in the study of diabetes ,Parkinson's disease ,Alzheimer's disease ,and other degenerative disease.
- Trasplanted foetal nerve cells assist the patient's body produce new cells that in some way lessen the symptoms.
- The likelihood that the receiver may reject the tissue is decreased by the foetal immune system's immaturity.
- Some questions if using human tissue in this manner is morally acceptable and whether the demand for the tissue would lead to an increase in abortions.

14. Eugenics and gene manipulation

- Gene therapy can prevent and manage different disorders.
- Researchers can learn the sex of the fetus and whether it suffers from serious medical conditions.
- Questions arise surrounding the ability to create designer babies leading to perfect population.
- Genetic testing make it easier to identify foetuses who have condition like Down syndrome and Tay Sachs disease.
- In most place, it is compulsory by law to screen new borns for phenylketonuria.
- Agene's function in the body can be changed by employing DNA –based gene therapy as can the introduction of new genes.

15. Treatment of premature and high risk- new born

- The survival rates of new born at high risk have increased because to medical advancement.
- Some people worry about their health ,their mental health and the economy.

16. Banking of cord blood: Leukemia ,some other malignancies ,and immune and blood system problems may be treated with cord blood removed from newborn's umbilical cord at birth.

This is conceivable because foetal tissue has regeneration system cells that can replace the damaged cells in the affected person's body and cord blood is similar to bone marrow.

Cord blood has numerous advantages over the bone marrow:

- There is no danger to the mother or the baby during collection.
- Widespread cord blood banking would increase the accessibility of stem cells for racial and ethnic minorities who are urgently in need of them.
- Compare to bone marrow, cord blood is less likely to cause a possible foetal rejection reaction.
- Compare to bone marrow, cord blood is accessible for use more quickly.

Ethical Issues

- How will the confidentiality be ensured?
- How will informed consent be obtained and by whom?

17. Studies on embryonic cell: Both embryonic tissue and a foetus's primordial germ cells contain human stem cells. Studies have shown that these cells can be made to develop into other cell types in tissue cultures, including blood, neuron and heart cells, which could be utilised to treat conditions like diabetes, Parkinson's and Alzheimer's disease, spinal cord disease, or metabolic problems.

Ethical Issues

- What moral status should be attached to the human embryo?
- How should an embryo be viewed?

18. Female foeticide

- This predicament has been made worse by the use of amniocentesis, ultrasound scanning and in vitro fertilisation to determine the gender of the foetus.
- No moral or ethical principles are in favour of such a gender identification process.
- In India, the existing legislation for the prevention of sex discrimination requires strict implementation, combined with the introduction programme aimed at changing attitude, including those that are common in the medical field.

Other issues

- **Ethical concern with pregnant women who use drug and alcohol**

The Centre for Reproductive Rights (2000) stated that

- Punishing pregnant drug or alcohol users accomplishes little to ensure the health of the foetus.
- Pregnant women from low-income and underrepresented groups are more frequently subjected to drug and disciplinary threats.

- Prenatal consumption of alcohol ,cigarette smoking ,cocaine abuse may cause foetal Anomaly syndrome or mental retardation.
- The nurse midwives should inform and advice the mother about the negative effect of alcohol and drug abuse. Encourage the mother to reintroduce drug and alcohol misuse gradually.

- **Ethical and legal issues when pregnant women have mental health issues**

Problem: Due to the mother's mental state ,she is unable to comprehend the development of the foetus, which creates an ethical quandary over her rights to choose between abortion add continuing the pregnancy.

The mother's ability to make independence decision is being overruled by the doctor, her spouse or another family member ,which raised ethical concern.Mother 's continued use of psychiatric medication and stopping it during pregnancy would be detrimental to the developing baby.

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.

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

Nurses role

- Listen to the mother carefully
- Responding her needs.
- Avoiding insisting to knowing the cause of sexual abuse.
- Avoid gossiping about her.
- Prior to any procedure ,such as a vaginal examination, perineal car, or the collection of a vaginal swab for culture, obtain informed consent.

VII. CONCLUSION

Obstetricians and midwives deal with various moral and legal dilemmas during the prenatal, intranatl and postnatal phase of pregnanc, however they must exercise caution and follow moral and legal guidelines to protect the mother and the foetus.

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