Role Play – Inducing Labor before Viability

Tojana Williams is 26 year old woman who presents to the emergency department with abdominal cramping and she reports a gush of fluid. She is 21 weeks pregnant, and her mother is with her. Upon exam, amniotic fluid is leaking, indicating rupture of membranes, and her cervix is dilated 2 cm. Labs show her white blood cell count is 10,000. Ultrasound shows fetal heart tones are present. Dr. Storck, her OB/GYN, diagnoses her with pre-term premature rupture of membranes (PPROM), threatened abortion, and possible uterine infection (chorioamnionitis). Dr. Storck presents two options to Mrs. Williams: reasonable efforts to maintain the pregnancy and IV antibiotics to prevent infection, or induce labor to prevent infection and sepsis. The first option risks an infection but increases the chances she will make it to viability; the second option substantially decreases the risk of infection, but the baby will not survive this early. She chooses the first option.

After two days, she has a low-grade fever (99.5°), uterine tenderness, continued leaking of amniotic fluid, and her white count is now 17,000. Dr. Storck formally diagnoses her with chorioamnionitis and presents the option again of inducing labor, and Mrs. Williams agrees. The baby will not survive at this point.

After Dr. Storck leaves the room, Mrs. Williams' mother (Janice Horton) follows her out and says she is not okay with inducing labor. She tells Dr. Storck they need to keep trying to make it a few more weeks until the baby can survive. The patient's nurse overhears this and agrees with Mrs. Horton. She says, "I'm not comfortable with this since we know the baby will die. We need to keep going with the antibiotics. She's not even that sick yet." Dr. Storck requests an ethics consult to help discuss the topic.