SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)
(Information is available about the complaints process here and about the Committee here)

Dr. Nathaniel Commander Abutu (CPSO #120754)
(the Respondent)

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care.

COMMITTEE'S DECISION

An Obstetrics and Gynecology Panel of the Committee considered this matter at its meeting of May 15, 2026. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to the lack of investigation and management and the discharge home of an obstetrical patient presenting with recent fetal demise and/or severely elevated blood pressure readings, as well as inadequate documentation of assessment.

In addition, the Committee accepted an undertaking from the Respondent that is posted on the public register.

COMMITTEE'S ANALYSIS

Failed to provide appropriate intrapartum care, including management of her elevated blood pressure, lower leg edema and fetal demise
And
Permitted her to return home prior to an induction of labour the next day despite her high blood pressure and lower leg edema

The Committee was concerned by the information in the investigative record. The Patient's documented blood pressures of 194/113 and 225/113 were in the range of a hypertensive crisis. The Patient was at risk of a possible stroke or an eclamptic seizure that could have been fatal.

Despite the urgency of the situation, the documentation did not demonstrate that the Respondent asked the Patient about headache, visual disturbances, shortness of breath, abdominal pains, leg swelling.

The Respondent acknowledged that the Patient's blood pressure was "severely elevated" and indicated that he completed a CNS examination; however, there was no documentation in the medical record of a neurological examination (i.e. there were no

checks for reflexes and clonus), nor was there documentation of a respiratory examination. Given the Patient's profoundly elevated blood pressure, it was vital that these examinations be documented in the medical record.

The Respondent ordered oral labetalol 200 mg to manage the Patient's recorded blood pressure of 225/113. He advised the College that this was an "acceptable first-line agent for urgent control of BP." The Committee did not consider this the optimal choice in the circumstances. There were faster-acting options, including intravenous labetalol, oral nifedipine (Adalat), or intravenous hydralazine, that the Respondent should have considered.

Additionally, the Committee observed that there was no indication in the medical record that the Respondent considered magnesium sulfate seizure prophylaxis. This would have been indicated, given the Patient's presentation.

The Patient's blood pressure was not recorded following the administration of oral labetalol, a fact that the Respondent acknowledged in his response. This was concerning to the Committee because there was no contemporaneous documentation to suggest that the Respondent completed a thorough re-evaluation of the Patient's status prior to her discharge.

The Respondent should have taken blood work to address the Patient's elevated blood pressure (with a complete blood count, liver function tests, uric acid, partial thromboplastin time and international normalized ratio (PTT/INR), electrolytes, blood urea nitrogen/creatinine) and her coagulation profile (through D-dimer and fibrinogen degradation products) given her pregnancy loss. The Respondent should not have delayed the Patient's blood work until her next visit. These tests would have been important to potentially trigger further investigation and immediate management.

In the Committee's view, it was not appropriate for the Respondent to discharge the Patient, given that her blood pressure levels were so elevated. At the very least, the Respondent should have admitted the Patient for continued blood pressure monitoring and control.

The Committee saw no entries in the medical record to support the Respondent's claim that the Patient preferred to go home and return the following morning for testing.

The Patient decided to transfer her care to another hospital. At the time of her admission there for induction of labour, her blood pressure was recorded as still being significantly elevated at 189/123. The obstetrician's consultation record indicated that

the Patient received additional medication (Adalat and labetalol) for blood pressure control.

The Committee observed that the Respondent's College history included a previous complaint with a similar theme to the current complaint. The Committee disposed of that matter by accepting an undertaking from the Respondent to complete professional education in the management of hypertensive disorders in pregnancy. The Committee found it troubling that the Respondent did not improve his approach to this important and common condition in obstetrics, and that by mishandling the Patient's care, he put her life at risk.

This is a summary of the Committee's decision as it relates to the caution disposition.