Summary of Adjudication Tribunal Decision

IN THE MATTER OF: Dr. Colleen Cook, Obstetrics/Gynecology
Practice address: Health Sciences Centre, St. John's NL

An Adjudication Tribunal of the College of Physicians and Surgeons of Newfoundland and Labrador found Dr. Colleen Cook guilty of professional misconduct in relation to a complaint filed by a patient.

The Tribunal's written decision was released on July 17, 2026.

The Tribunal accepted an agreed statement of facts jointly prepared by the College and Dr. Cook. The dates, locations, and brief description of Dr. Cook's conduct that was found to be deserving of sanction are as follows:

> In April 2017, the Patient attended the Labour and Delivery Unit after her water broke. A family physician assessed her. The Patient wished to try to deliver vaginally after having had a previous caesarean section. In keeping with hospital policy, the family physician consulted the on-call obstetrician, who assessed the Patient and ordered medication to start labour.
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> After labour began, there was a shift change, and Dr. Cook became the on-call obstetrician for the Labour and Delivery Unit. The attending nurse noticed changes in the fetal heart rate and asked Dr. Cook to review the monitoring. Dr. Cook attended at 12:10 a.m., noted good beat-to-beat variability, and recommended continuing with the care plan. At 2:10 a.m., nursing staff recorded that the Patient had pain in her left abdomen and hip. Dr. Cook saw the Patient at 3:40 a.m. but did not document the encounter.
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> The nurse continued to monitor the Patient and noted variable decelerations in the fetal heart rate. At 4:30 a.m., the nurse contacted the family physician to review the fetal heart tracings. The family physician arrived at 4:45 a.m. After one push, the fetal heart rate dropped and did not recover. Dr. Cook was called to assess the Patient.
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> Dr. Cook arrived at 5:05 a.m. and noted signs of possible uterine rupture. An emergency caesarean section was performed immediately and confirmed that the uterus had ruptured. The Patient's baby was delivered at 5:14 a.m. and transferred to the NICU team but later died that day.

The Tribunal accepted Dr. Cook's guilty plea to professional misconduct in relation to the complaint. In her plea, Dr. Cook agreed that:

1. She failed to respond appropriately, or in a sufficiently timely manner, in keeping with the applicable standards of practice, to available indications of fetal distress and potential uterine rupture.
2. She instructed that the Patient's Oxytocin dose be increased without sufficient consideration of available indications of fetal distress, including the fetal heart tracing, in keeping with the applicable standards of practice.
3. Despite the presence of a concerning fetal heart tracing in the context of a high-risk Trial of Labour After Caesarean, she did not ensure that the Patient remained under her care after active labour was established.

The Tribunal also accepted a joint submission on sanction prepared by the College and Dr. Cook. The Tribunal ordered that:

1. Dr. Cook be reprimanded by the Tribunal for her conduct.
2. Dr. Cook successfully complete, at her own cost, continuing professional development acceptable to the Registrar regarding indications of uterine rupture and the management of patients with suspected uterine rupture.
3. Dr. Cook pay the costs of the College's investigation and hearing in accordance with the College's Tariff of Costs.
4. The Adjudication Tribunal's decision and/or order be published in keeping with the College's By-Laws and section 50 of the *Medical Act, 2011*.

Tanis Adey, MD
CEO & Registrar, CPSNL
August 18, 2026