

Did prolapsed cord cause injuries?

Honolulu County (Hawaii) Circuit Court

A pregnant woman who was under care of her family practitioner, who had provided her prenatal care, was admitted to a hospital for childbirth. The membranes were artificially ruptured and within 1 to 2 minutes the fetal heart strip showed a prolonged deceleration from a baseline of 150 bpm to 60 bpm, lasting 4.5 minutes.

The physician conducted a vaginal examination at the time of this deceleration and discovered a loop of cord along the left side of the infant's head, which was described in the records as a prolapsed umbilical cord. He manually elevated the infant's head, reducing the cord. He then instructed the mother to push, allowing labor for a half hour. During this time several instances of fetal distress were noted, with the fetal heart rate ranging from 60 to 120 bpm.

At some point the physician attempted to call the primary and back-up obstetricians on-call, but the primary was busy with a procedure at another hospital and the back-up OB was 45 minutes away.

The infant, born with the umbilical cord along the left side of the head, had severe brain damage due to profound anoxia. He also had a fractured right humerus and a small subdural bleed with a corresponding intracerebral contusion. He has limited cognition, is fed through a PEG tube, has a tracheostomy, and requires 24-hour care in a nursing home.

In suing, the woman asserted that a cesarean section should have been performed when the prolapsed cord was diagnosed and that the hospital's policy regarding the on-call obstetrician was inadequate, as it allowed both of the obstri-

cians to be unavailable.

The physician contended that he did not diagnose a prolapsed cord prior to delivery but that the records were written later and were not a comment on what he knew at the time of delivery. The hospital claimed that its on-call policy was appropriate for a community hospital. Both the hospital and the physician contended that the child's injuries were not due to anoxia from a prolapsed umbilical cord.

- A \$10.95 million settlement was reached.

Laparotomy leads to massive blood loss

Kings County (NY) Supreme Court

An 18-year-old woman with a history of chronic pelvic pain and heavy menstrual periods was referred to a gynecologist for a laparoscopy. Abnormal internal bleeding that could not be controlled was encountered soon after the procedure began. An exploratory laparotomy was then performed. Injuries were found in 4 separate intra-abdominal structures: the iliac vein was lacerated, the small intestine had perforations in 2 separate locations, and a mesenteric blood vessel was also lacerated.

The woman asserted that the trocar was not inserted correctly and that she sustained motor and sensory impairments as well as cognitive deficits due to the large volume of blood lost during the procedure. She also claimed lack of informed consent in that she was not told the injuries were known risks of the surgery. She also claimed that despite losing 60% of her blood volume, she did not receive a blood transfusion.

The physician contended that the tro-

car and protective sheath might not have retracted properly and that the injuries sustained were a known risk of the procedure.

- The jury returned a defense verdict.

Brain damage detected after surprise birth

Dauphin County (Pa) Common Pleas Court

A 15-year-old girl with no history of prenatal care and no diagnosis of pregnancy presented to the hospital complaining of abdominal pain. The girl gave birth 3 hours later; 27 hours later the infant had a seizure. The infant was later diagnosed with severe brain damage and microcephaly and now has an IQ of 55.

In suing, the mother claimed fetal heart rate monitoring strips showed severe decelerations prior to delivery and that the physician failed to expedite delivery.

- A defense verdict was returned.

Physician absent during labor until heart rate crashed

Unknown Ohio venue

A 22-year-old mother was admitted to the hospital for induction after passing her due date. Within 4 hours the fetal heart monitor showed repetitive variable decelerations, which stopped when oxytocin was halted. The attending obstetrician ordered the restart of oxytocin after an epidural. No physician saw the patient prior to the restart of oxytocin, although an obstetrical resident and the attending were on the floor during the entire labor.

During delivery, the monitor showed that the fetal heart became nonreactive, but the delivery nurse did not notify anyone. About 3.5 hours later the fetal heart monitor showed persistent late decelerations, and again the delivery nurse did not notify anyone. Two hours later the fetal heart rate decreased to 60 bpm. An emergency cesarean section was per-

formed and the infant was delivered within 10 minutes. The Apgar scores were 3 at 1 minute and 9 at 5 minutes. The baby was diagnosed with cerebral palsy and mental retardation at 3 months of age.

In suing, the mother claimed that no physician examined her during the 12 hours of labor until the fetal heart rate crashed. The hospital contended that the infant's brain damage occurred prior to the mother being admitted to the hospital.

- The parties settled for \$2.3 million.

What factors caused low IQ?

Undisclosed county (Mich) Circuit Court

A mother who had already delivered 5 infants weighing less than 8 lb each became pregnant again. She had gained more than 150 lb during her pregnancy and weighed 350 lb when she was admitted to the hospital for labor at 38.5 weeks' gestation. She was seen by a resident who made a progress note that the mother "believed she was going to have a cesarean section."

The on-call obstetrician reviewed the woman's medical history and concluded from her previous pregnancies that the mother was going to have a normal-sized infant. Based on the risks of cesarean section in obese patients, the obstetrician attempted vaginal delivery.

An ultrasound was not performed and although the woman claimed to have received prenatal care, the prenatal doctor could not locate her records and denied he was her physician.

When vaginal delivery was not accomplished after 14 hours of labor and 3 hours of pushing, an emergency cesarean section was performed within a half hour. The infant, weighing 11 lb 8 oz, had hypoglycemia and remained in the hospital for 10 days.

The boy, now 19 years old, has an IQ of 50, which his mother claimed was a result of the trauma at birth and the hypo-

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glycemia. The mother claimed that a cesarean section should have been performed sooner. The hospital denied any breach of standard care and argued that the absence of cerebral palsy meant that the retardation was likely genetic.

- The parties settled for \$1 million.

Woman dies after laparotomy

Cook County (Ill) District Court

A 66-year-old woman underwent an open laparotomy for removal of a uterine fibroid after an unsuccessful laparoscopic procedure. Postoperative infection, acute respiratory distress syndrome (ARDS), bowel perforation, and abscess developed. Despite surgical exploration and repair 2 weeks after the initial surgery, the woman died a month after the repair.

In suing, the family claimed that the defendants failed to diagnose and treat the perforated bowel in a timely manner and failed to order a STAT CT scan and surgical consult. The defense contended that a STAT CT scan and surgical consult were not indicated on admission to the ICU 3 days after the original surgery and that the CT done 3 days later with aspiration and drainage was appropriate for the ARDS diagnosis.

- The jury returned a defense verdict.



A uterine fibroid

Was lack of cesarean cause of brain damage?

Passaic County (NJ) Superior Court

A 17-year-old girl went to the hospital to give birth. For several hours a fetal heart monitor showed decelerations, which later dropped sharply. The obstetrician and nurse-midwife failed to initiate a cesarean section, leading to fetal oxygen deprivation during delivery and brain damage. The child will never be able to

walk, talk, or live on his own.

During the defense the obstetrician claimed she was not informed of the difficulties during labor, but the nurse-midwife contended that she had alerted the obstetrician to the need for a cesarean section.

- The obstetrician settled for \$1 million.
- The jury awarded the plaintiff \$9.6 million, appointing 80% fault to the obstetrician and 20% fault to the nurse-midwife.

Bladder cut in endometriosis repair

Cook County (Ill) Circuit Court

A 32-year-old woman underwent laparoscopic surgery for endometriosis. During the procedure the surgeon noticed a bulge in the lower right ligament. Believing it to be a fibrous mass or tumor, he excised a portion of tissue for examination.

It was then discovered that the bulge was actually caused by a Foley catheter bulb pressing against the broad ligament, and that the incision to remove the bulge had cut into the bladder. A urologist performed a minilaparotomy and cystoscopy to repair the damage. The patient required prolonged hospitalization and recovery time and had permanent scarring.

In suing, the patient faulted the defendant for failing to locate the catheter or consider that it might have caused the bulge. The defendant claimed there was no reason to suspect that the catheter bulb might be in that location.

- The jury returned a defense verdict. ■

The cases in this column are selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska, of Nashville, Tenn (www.verdictslaska.com). While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation.

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