

## Defense rebuttal: Child has near-normal IQ

### Bronx County (NY) Supreme Court

A 28-year-old woman went to the hospital at 8 months' gestation with uterine contractions. The obstetrician diagnosed premature labor and ordered tocolysis. A sonogram showed no signs of placental abruption. Nevertheless, after the fetal heart monitor showed deep decelerations, an emergency cesarean section was performed.

Not breathing at birth, the infant was given oxygen and intubated. The umbilical cord pH was 6.9. Administration of sodium bicarbonate and epinephrine led to normalization of the heart rate and pH.

The child now has developmental delays with speech and language disabilities.

In suing, the parents claimed placental abruption had occurred and claimed the cesarean section was inappropriately delayed. They also maintained that the neonate had signs of seizure activity, respiratory distress syndrome, and elevated glucose and creatinine levels.

The obstetrician and hospital rebutted that the child had a near-normal IQ and that delaying labor was appropriate.

- The case settled for \$5.25 million: \$4.25 million from the hospital and \$1 million from the obstetrician.

## Postdelivery bleeding results in coma

### Unknown California venue

During cesarean delivery shortly before 9 PM, a 30-year-old woman lost about 500 mL of blood and had a blood pressure of 130/70 mm Hg. Upon transfer to recovery, her blood pressure was 110/70 with a pulse of 142. Her blood pressure was

90/60 at 10:00 PM, 80/40 at 10:10 PM, and 78/30 at 10:25 PM. The nurse notified the anesthesiologist, who arrived at 10:26 PM and called the obstetrician at home.

According to the obstetrician, he was told her pulse was in the 120–130 range and the blood pressure was 90/60. Results from blood drawn at 10:50 PM revealed a hemoglobin of 5.5 and a hematocrit of 15.8.

The obstetrician ordered 4 units of blood and came in for immediate surgery. At 11:10 PM the patient's blood pressure was 60/30 with a heart rate of 130.

The patient arrested 5 minutes after surgery began at 11:40 PM. After 45 minutes of resuscitation, surgery continued. No source of bleeding was found, but a hysterectomy, gastrostomy, and tracheotomy were performed. Severe brain damage resulted due to a lack of oxygen; the woman remains semicomatose.

The obstetrician was faulted for failing to recognize signs of postoperative bleeding. He denied any deviation from the standard of care.

- The case settled for \$3.98 million: \$980,000 from the obstetrician, \$1 million from the anesthesiologist, and \$2 million from the hospital.

## Cancer "cured" despite late discovery?

### New York County (NY) Supreme Court

A 30-year-old woman who had abdominal pain and abnormal vaginal bleeding went to the hospital and was treated by a physician. The next year a Pap smear indicated a low-grade squamous intraepithelial lesion. Three years later, tests revealed the presence of a 3- to 4-cm mass on the cervix that was later diagnosed as stage IIIB cervical cancer. The mass advanced to the pelvic wall, pre-

cluding a hysterectomy and necessitating chemotherapy and radiation.

In suing, the woman claimed the physician was negligent for failing to perform a Pap smear, failing to treat the precancerous condition, and failing to diagnose the cancer.

The defense did not contest liability but asserted that the woman had been symptom-free and "cured."

- The parties settled for \$2 million.

## Group B strep infection leads to neonatal death

### Cook County (Ill) Circuit Court

A woman presented to the hospital at 7:00 AM for labor induction. That night she was given antibiotics for a fever. Shortly after midnight she noted signs of fetal distress, fetal tachycardia, and a failure to progress. Fetal tracings showed a sudden change in the fetus's condition at 4:30 AM; soon after, the infant was delivered lifeless with zero Apgars.

After the infant was resuscitated, cultures revealed group B strep infection.



Group B streptococci

The infant had multisystem organ failure and died the next day after withdrawal of life support.

In suing, the mother faulted the defendant for failing to offer prenatal screening for group B strep, failing to diagnose macrosomia, and failing to recommend cesarean delivery. She also asserted that earlier antibiotics and delivery would have

avoided the infant's death.

The defense denied any deviation from the standard of care and contended that waiting for maternal fever during labor before administering antibiotics was appropriate. They also denied that the standard of care required advising patients of alternative approaches. They asserted that the standard of care did not require cesarean delivery and that neither earlier administration of antibiotics nor earlier delivery would have prevented the outcome.

- The jury awarded the plaintiff \$1.75 million.

## OB chides patient in prolonged labor

### Waterbury (Conn) Judicial District Superior Court

A woman delivering her fourth child vaginally asked for a cesarean after the second stage of labor had lasted 5 hours. Her physician replied, "You're being a big baby."

A different physician delivered the infant, who had shoulder dystocia with permanently damaged nerves. The infant is unable to lift her arm higher than 90°.

In suing, the woman claimed the physician failed to properly manage the second stage of labor.

- The jury awarded the plaintiff \$2.5 million.

## Gravida sent home bleeding, in pain

### Jefferson County (Tex) District Court

A 23-year-old pregnant woman went to the hospital and was discharged without a physician examination, despite vaginal bleeding, abdominal pain, absence of fetal movement, a nonreactive stress test, and absence of fetal response on acoustic stimulation. Her fetus died several days later.

The woman faulted 2 physicians for not examining her despite signs of placental abruption, and claimed the nurse failed to recognize and report subtle late decelerations in the fetal monitor strip.

The defendants denied negligence and maintained that the fetal heart strip showed movement.

- The parties reached a confidential settlement. ■

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](http://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.