

\$24.1 million awarded in VBAC gone awry

Seminole County (Fla) Circuit Court

A pregnant woman who desired vaginal delivery for her third child after experiencing 2 successful cesarean sections was induced for 3 days. When the fetus showed signs of distress, the OB used a vacuum extractor for 48 minutes to help deliver the child and ordered the nurses to apply fundal pressure. The woman's uterus and bladder ruptured, causing oxygen deprivation to the fetus.

The child's Apgar scores were 2 and 3. She has cerebral palsy, cannot speak, has little use of limbs, and is fed through a stomach tube. The mother required an emergency hysterectomy and surgery to repair her ruptured bladder. Her vocal cords were damaged during intubation, which required another operation.

The woman contended that the OB used the vacuum extractor for too long, failed to perform an emergency cesarean section, and should not have ordered fundal pressure.

- The hospital and senior physician settled for a confidential amount before trial. A \$24.1 million verdict was returned against the OB.

Home birth, unlicensed midwives, cord prolapse

King County (Wash) Superior Court

A woman who wished to deliver at home, aided by midwives, underwent 2 sonograms during her pregnancy, which revealed multiple large fibroids blocking the birth canal. One of the midwives claimed that 2 consulting OBs were aware

of the patient's condition but claimed she could tolerate a trial of labor at home. One physician argued he never spoke with the midwife about the fibroids and that a consultation never occurred. The doctor also claimed that both midwives were unlicensed and should have referred the woman to an OB for a cesarean section.

After rupture of the membranes, the midwife performed a vaginal examination while the fetal head was not engaged in the pelvis. The midwife tugged on the umbilical cord, causing it to prolapse. The fetus was deprived of oxygen for 45 minutes. The woman was rushed to the hospital for an emergency cesarean section. The baby suffered birth asphyxia, hypoxic ischemic encephalopathy, spastic quadriplegia, and cerebral palsy. Five years later, the child has seizures and severe developmental disabilities, and requires tube feeding.

- The case settled for \$3 million.

Experts comment on father's video in shoulder dystocia case

Norfolk (Va) Circuit Court

After giving birth to a child with Erb palsy, the mother argued the OB applied excessive traction and angulation of the head-to-shoulder angle as she twisted and pulled on the infant for more than 50 seconds before shoulder dystocia was relieved. There were no signs of fetal distress.

Neither the physician nor the nursing staff remembered the delivery, but the child's father made a videotape of the birth. In a pretrial ruling, the judge determined the videotape could not be viewed by the jury, but experts could comment on it. The birth record showed that neither the

shoulder dystocia nor paralysis of the right arm was observed by the physician or the nursing staff.

The infant has full use of his hand but has a permanent deformity with inward rotation of the upper arm and elbow and winging of the shoulder blade. The child has had physical therapy, but surgery was considered inappropriate.

- Although judgment was not entered on the verdict, both parties agreed to a structured settlement of \$650,000.

Oxytocin was increased despite ominous signs

Cook County (Ill) Circuit Court

A woman was admitted to the hospital for induction of labor. That morning, the fetal monitor tracing was reassuring and oxytocin was initiated. By early afternoon, contraction patterns demonstrated hyperstimulation, with prolonged decelerations. The nurses did not intervene or alert the physician. Oxytocin was continued and increased.

By 1 PM, the fetal monitoring strip showed late decelerations, rising baseline, diminished variability, and lack of accelerations. Oxytocin was continued even though the patient was experiencing extensive contractions. This deteriorating pattern continued until 11:17 PM when the doctor left the room to attend to 2 other deliveries.

At this point, the contraction patterns showed a marked decrease in baseline, severe late decelerations, and absent variability. The nurse continued the oxytocin at more than 24 mU. Upon her return to the delivery room shortly after midnight, the doctor noted a nonreassuring fetal tracing.

At delivery the infant's Apgar scores were 2, 4, and 5. Initial cord blood gas was 6.98. She was diagnosed with hypoxic ischemic encephalopathy and remained in the NICU for 1 month. She is severely neurologically impaired and nonambulatory, and cannot communicate. She resides in a nursing home where she is fed through a stomach tube.

The mother contended that neither the

physician nor the nurse provided adequate intervention. Denying negligence, the defendants argued there was no approximate cause for the infant's condition and claimed the injury occurred during the last few minutes before delivery.

- The case settled for \$21.5 million.

Death from ARDS after delivery of twins

Bronx County (NY) Supreme Court

A 22-year-old woman at 34 weeks' gestation reported to the hospital complaining of intermittent headaches. Her blood pressure was elevated and she was admitted. Six days later, labor was induced and she gave birth to healthy twins. After 12 days in the hospital she was discharged. The following day she returned to the hospital in respiratory distress, and she lost consciousness. She was stabilized with a ventilator but developed adult respiratory distress syndrome and died 10 days later.

The patient's representatives claimed the physicians failed to diagnose a viral infection, which led to the patient's death. Claims against several individuals and facilities were discontinued with the exception of 2 hospitals. Representatives for the 2 facilities argued the infection could not have been prevented or treated with antibiotics or any other medication.

- The case settled for \$1.4 million.

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