

Did delay in delivery cause adverse outcome?

An obstetrician and a perinatologist administered magnesium sulfate to a woman in premature labor, but contractions continued and the plaintiff child was delivered at 29 weeks—limp, cyanotic, and suffering respiratory failure. She was stabilized and diagnosed with periventricular leukomalacia. She suffers from spastic diplegia.

PATIENT'S CLAIM The doctors were negligent for not delivering the child more quickly. Nonreassuring fetal heart monitoring that should have prompted an immediate cesarean section was ignored.

DOCTOR'S DEFENSE Fetal heart monitoring was reassuring, and proper treatment was given.

VERDICT A verdict for the plaintiff found the obstetrician to be 65% at fault and the hospital 35%, with damages assessed at \$29.3 million. Settlements recovered \$5 million from the hospital and \$2.3 million from the obstetrician.

For more on magnesium sulfate tocolysis, see Dr. Barbieri's Editorial on [page 6](#).

Oophorectomy and so much more

A laparoscopic oophorectomy, performed on a 51-year-old woman by 2 gynecologists, included removal of 1 ovary and the lysis of adhesions. The patient was released from the hospital the same day. Four days later, she presented to the emergency room with septic shock. Surgery the following day indicated peritonitis due to perforation of the sigmoid colon. A sigmoid colectomy was performed and an end colostomy created. Following surgery, the patient suf-

fered respiratory failure and required a tracheotomy. She remained hospitalized for 4 weeks. When the colostomy was reversed 2 months later, the patient developed an infection and dehiscence of the surgical wound and was hospitalized for 12 days. Three years later, when she reported abdominal pain and a bowel obstruction was diagnosed, she underwent an appendectomy, oophorectomy of the remaining ovary, and lysis of adhesions. She was hospitalized for 2 days. When she reported abdominal pain 4 days after that, surgery indicated peritonitis resulting from perforation of the sigmoid colon.

PATIENT'S CLAIM The doctors were negligent when they performed the original oophorectomy.

DOCTOR'S DEFENSE The injuries were known risks of the procedure.

VERDICT A \$700,000 settlement was reached.

Surprise twin discovered 1 hour after 1st was born

An OB and resident waited 45 minutes after a woman had given birth to 1 baby for the placenta to be expelled. A pelvic exam at that time showed a 2nd fetus. At birth, the 2nd twin had seizure-like activity and was treated with phenobarbital. This child has mild spasticity in the left leg, left foot turning in, moderate language delay, mild to moderate cognitive delay, and mild motor dysfunction.

PATIENT'S CLAIM A radiologist interpreting a prenatal sonogram failed to report findings indicating a 2nd fetus.

DOCTOR'S DEFENSE The radiologist did not misinterpret a prenatal sonogram. Also, hypoxic encephalopathy could have occurred during 2 periods: during the 3rd

trimester and immediately before delivery, and the episode prior to delivery was not related to the child's encephalopathy. As the child's injuries were not permanent, they would resolve once the child received appropriate medication and underwent physical, occupational, and speech therapy.
VERDICT A \$1.85 million settlement was reached.

Tubal ligation—and two bladder perforations

While performing an elective laparoscopic tubal ligation, an ObGyn perforated the patient's bladder in 2 locations. The next day, the patient presented to the emergency room with abdominal pain and the inability to urinate. She was catheterized and blood was discovered in her urine. Cystoscopy performed by a urologist confirmed the perforations. After repair surgery, the patient developed renal failure, pleural effusions, and respiratory problems. She was discharged 5 days later, but required a catheter in the bladder for a few weeks.

PATIENT'S CLAIM Injury to the bladder should not have occurred.

DOCTOR'S DEFENSE The injury is a known risk of the procedure.

VERDICT Defense verdict.

Did forceps cause brain damage?

Twelve hours after the plaintiff child was delivered with the use of forceps, she began to have seizures. She was diagnosed with an occipital skull fracture, and a hematoma was found near the fracture location. She has suffered seizures and other complications related to a brain injury and is moderately retarded.

PATIENT'S CLAIM The injuries were caused by the ObGyn during use of the forceps, leading to the skull fracture and resulting brain damage.

DOCTOR'S DEFENSE The delivery was properly managed and use of forceps was prop-

er. The defendant questioned whether there really was a fracture and argued that hematoma was a common injury during labor.

VERDICT Defense verdict.

No O₂ to fetus while mother in cardiac arrest

During labor, a woman experienced erratic fluctuations in her blood pressure and went into cardiac arrest. Her child has cerebral palsy and cannot speak or walk.

PATIENT'S CLAIM When the patient went into cardiac arrest, the fetus was deprived of oxygen for 10 minutes, leading to cerebral palsy. The failure to provide adequate oxygen was negligent.

DOCTOR'S DEFENSE Not reported.

VERDICT A \$1 million settlement was reached with the delivering physician and hospital, and a \$1.5 million settlement with the nurses.

Woman with untreated preeclampsia dies

A 36-year-old woman pregnant with her 2nd child was diagnosed with hypertension by her obstetrician. She was sent to the hospital, where the child was delivered by cesarean section. After suffering convulsions, the mother went into a coma the same day. She was transferred to another hospital and died 6 days later.

PATIENT'S CLAIM Untreated preeclampsia led to eclampsia and death.

DOCTOR'S DEFENSE The patient was monitored properly, but suffered a sudden, unexpected decline.

VERDICT \$2.6 million 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, Nashville, Tenn (www.verdictslaska.com). The available information about the cases is sometimes incomplete; pertinent details may be unavailable. Moreover, the cases may or may not have merit. Still, these cases represent types of clinical situations that may result in litigation and are meant to illustrate variation in verdicts and awards. Any illustrations are generic and do not represent a specific legal case.