

### Patient not told of STD infects (then loses) beau

A Pap smear taken by an ObGyn was reported to the patient as normal. Four months later, the woman's boyfriend ended their relationship because, he said, she had infected him with a sexually transmitted disease. When she called the ObGyn's office, she was informed that, in fact, the Pap smear did show a *Trichomonas vaginalis* infection, but that she was not told so as not to worry her prior to unspecified surgery. The patient was treated successfully by another physician.

**Patient's claim** By not telling her about the infection in a timely manner, the defendant caused her to transmit the infection unknowingly. Had she been told, she would have undergone immediate treatment.

**Doctor's defense** He planned to treat the patient for the infection on a follow-up visit after surgery, but she did not keep the appointment. Also, the delay in treatment did not cause her any harm.

**Verdict** A jury found that there was negligence, but awarded no damages.

### Who's at fault in late delivery?

A morbidly obese woman who had diabetes was scheduled for a cesarean delivery several days after ultrasonography showed her full-term fetus to weigh 11 pounds. When she arrived for the delivery, fetal monitoring showed no fetal movement or heart tones. A stillborn baby was delivered.

**Patient's claim** The delivery should have been done at the time of the sonogram.

**Doctor's defense** The mother failed to report that she noticed decreased fetal

movement days before scheduled delivery. She also failed to keep doctors' appointments and follow prenatal advice.

**Verdict** Defense verdict.

### Retained IUD blamed for infection, prematurity, and child's problems

A woman received an IUD from her ObGyn. Later, when she thought she was pregnant, and a home pregnancy test confirmed it, she reported to her ObGyn that she was pregnant with an IUD in place. She underwent a sonogram that same day, but the sonographer reportedly saw no IUD in the uterus. Although no physician examined her to look for the IUD's string, she was assured that the IUD had probably fallen out. Again no vaginal examination was done at her first prenatal visit.

At 30 weeks, her water broke. She was hospitalized in labor, but attempts to stop the labor failed. A significant uterine infection was discovered, and vaginal examination showed the IUD covered in purulent material inside the cervix. Cultures indicated methicillin-resistant *Staphylococcus aureus*.

Following emergency cesarean section, the baby was hospitalized for 6 weeks. Because of the infection, the mother suffered prolonged wound healing and was unable to work for 6 months. The child was hospitalized 9 times before the age of 4 years because of lung problems due to bronchopulmonary dysplasia. In the 12 months preceding settlement of the case, however, the child required no hospitalization.

**Patient's claim** The defendants should have done more to find and remove the

IUD during early pregnancy, so it could have progressed to term. The IUD caused the infection, which resulted in premature delivery and damaged the child's lungs.

**Doctor's defense** Not reported.

**Verdict** A \$750,000 settlement was reached.

### Tears to the perineum require 2 repairs

When a 35-year-old woman gave birth, she suffered tears to the perineum. The doctor who performed the delivery also repaired the tears after birth. A skin bridge formed and was repaired by another doctor.

**Patient's claim** The tears were not repaired properly, causing the skin bridge.

**Doctor's defense** The tears were repaired properly. Also scar tissue is a known risk of such a repair.

**Verdict** Defense verdict.

### Foreshortened vagina hinders sex

Following recovery from a vaginal hysterectomy, a woman in her mid-30s suffered unbearable physical pain and discomfort in her vagina during sexual intercourse. Repair surgery, followed by full recovery, allowed her to have sexual activity without pain or discomfort.

**Patient's claim** The physician was negligent in foreshortening her vaginal canal, necessitating further surgery.

**Doctor's defense** The problems were caused by unusual postoperative scarring in the vaginal canal.

**Verdict** 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, Nashville, Tenn ([www.verdictslaska.com](http://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.



## Should Symptomatic Women Be Offered Hormone Therapy?

### Background, Needs Assessment, and Review of White Paper

- Rogerio A. Lobo, MD  
Professor, Obstetrics and Gynecology  
Columbia University Medical Center  
New York City, New York

### HT Heartfelt? Does it Strike Thee to the Breast?

- Robert D. Langer, MD, MPH  
Director, Outcomes Research Institute  
Geisinger Health System  
Principal Investigator,  
Women's Health Initiative UCSD  
Adjunct Professor of Epidemiology  
University of Pittsburgh  
Graduate School of Public Health  
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Web highlights from  
the ASRM Annual Meeting  
at [www.obgmanagement.com](http://www.obgmanagement.com)



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