

Verdicts ONLY on the Web

Child is born with CP after oxytocin treatment

A woman who was given a diagnosis of eclampsia at the end of her pregnancy was admitted to the hospital and administered oxytocin with fetal monitoring. After 24 hours of labor, she was fully dilated and began pushing. Eventually, a cesarean delivery was performed. The child was born depressed and needed to be resuscitated, and was later transferred to another facility. The child has cerebral palsy, spastic quadriplegia, and a seizure disorder and requires 24-hour care.

Patient's claim Oxytocin should have been discontinued and a cesarean section performed sooner. Also, the fetal monitor indicated tachycardia, evidence of uterine hyperstimulation, and other nonreassuring signs.

Doctor's defense There was no hyperstimulation or fetal distress.

Verdict \$9.5 million Illinois settlement.

Did midwife's tugging cause birth trauma?

A woman in labor 9 days past her due date presented at the hospital, where fetal monitoring showed a fetal heart rate of 120 to 130 beats per minute. After 1.5 hours, the membranes were ruptured and the amniotic fluid was lightly stained with meconium. An hour later, the child was born weighing 8 lb 5 oz, with an Apgar score of 9.

For 4 days he appeared to be fine, despite not feeding well. On day 4, he was admitted to the NICU, because he displayed abnormal movements of the extremities and clenching of the fists. A CT scan performed on day 6 indicated

axial hemorrhage associated with bony disruption and evidence of a right-sided subdural hemorrhage, consistent with birth trauma. An MRI later that day showed a subdural hemorrhage, but no bony disruption or evidence of birth trauma. The child has cerebral palsy with autistic features and has difficulty walking.

Patient's claim Negligence during the delivery resulted in birth trauma and the child's problems. The mother and her sister, also present at the birth, claimed the nurse midwife pulled, tugged, and had difficulty while delivering the child.

Doctor's defense There was no birth trauma, and the Apgar scores and MRI confirm that the birth occurred without incident and was nontraumatic.

Verdict A \$1.1 million mediated settlement in New York.

D&C, perforations, then more surgery

When a 46-year-old woman experienced excessive bleeding during her last menstrual period, her gynecologist recommended a hysteroscopy with dilation and curettage. The operative report indicated a myomatous uterus and an endometrial polyp. A sharp curettage was done, the polyp was removed by polyp forceps, and the tissue was sent to pathology.

Initially stable following surgery, the patient began to suffer severe abdominal and pelvic pain. Oral oxycodone/acetaminophen and intravenous morphine sulfate were administered. The gynecologist was called but did not evaluate the patient. After she was discharged home, the patient called the gynecologist twice

to complain of severe abdominal pain, and was advised to take acetaminophen. The pain persisted, and the patient was sent to the emergency room the next morning.

The pathologist discovered that the endometrial curettings were really small bowel fragments and the endometrial polyp was a loop of small bowel. Abdominal radiographs indicated free air in the abdomen. Diagnostic laparoscopy revealed a 5-mm serosal defect of the uterus, a 3-cm small bowel defect, and enteric bowel contents and filmy adhesions present intra-abdominally.

A general surgeon performed exploratory laparotomy, lysis of adhesions, resection of 36 cm of small bowel, and reanastomosis of the small bowel. Following surgery, intravenous antibiotics were administered for small bowel spillage, and the patient was hospitalized for 10 days, during which she continued to suffer severe abdominal pain, loss of bowel function, depression, and nightmares.

Patient's claim The gynecologist perforated the small bowel and uterus during surgery, failed to recognize the uterine perforation while performing the hysteroscopy, and failed to investigate her complaints of severe abdominal and back pain.

Doctor's defense Perforation of the uterus and small bowel are known complications of a dilation and curettage, and the perforations were properly diagnosed and treated. Also, the patient healed well, with a minor surgical scar.

Verdict \$477,677 New York verdict against the physician; \$120,000 settlement with the hospital. ■

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