

Vacuum extraction cause of child's deep brain bleed?

A PREGNANT 24-YEAR-OLD WOMAN had regular prenatal care but smoked throughout her pregnancy. At 3 days past her due date, she was admitted to the hospital for induction of labor. Labor progressed normally but the fetal heart rate pattern was occasionally nonreassuring. A first-year resident performed a vacuum extraction under supervision and delivered the 8 lb 15 oz infant after one pull of the vacuum extractor. Apgar scores were 8 and 9, and blood gases were normal, but there was some molding of the head. The baby's 25-hour stay in the hospital was normal. Three days later, a visiting nurse noted the child was not feeding well and was jaundiced. On a pediatrician's advice, the child was taken to the hospital, where a cephalohematoma and jaundice were discovered. After suffering seizures, the child was transferred to another facility, where bleeding deep in the brain—believed to be due to the vacuum delivery—was diagnosed. The child has mild cerebral palsy and seizure disorder, as well as mild behavioral problems and learning deficits.

▶ **PATIENT'S CLAIM** A C-section should have been performed.

▶ **DOCTOR'S DEFENSE** There was no need for a C-section, as shown by the reassuring fetal strips, normal Apgar scores, and normal neonatal course in the hospital. There was no evidence of trauma, as vacuum succeeded with only one pull and was attached for only 1 or 2 minutes. Also, vacuum extraction cannot cause deep brain bleeds; the child must have suffered trauma after leaving the hospital. Surgery can correct the seizures.

▶ **VERDICT** \$1.125 million Michigan settlement.

Radiologist underestimates size of fetus—by 3.5 lb

ACCORDING TO THE RADIOLOGIST, a sonogram indicated the size of a woman's fetus to be 8.5 lb at 39 weeks' gestation. The attending physician thus planned a vaginal delivery, which was performed by a nurse-midwife. The infant, however, weighed 12 lb at birth. Shoulder dystocia occurred, and the baby was born with Erb's palsy of the left arm.

▶ **PATIENT'S CLAIM** The radiologist underestimated the fetus's size, so that a vaginal delivery was planned instead of a C-section. Also, the nurse-midwife used excessive force when shoulder dystocia occurred, thus injuring the infant.

▶ **DOCTOR'S DEFENSE** Not reported.

▶ **VERDICT** \$1.2 million New Jersey settlement; 60% to be paid on behalf of the nurse-midwife, and 40% on behalf of the radiologist.

New mother has uterine infection, sepsis; dies

SIX DAYS AFTER GIVING BIRTH TO TWINS, a 25-year-old woman was at a restaurant when she experienced a gush of bloody, smelly fluid from her vagina. The nurse who answered her call to her physician's office advised her to wait and see. An ObGyn with the group reviewed the call card. When the patient was examined by a physician at the office 5 days later, she had obvious signs of an infection. Following exploratory surgery, the patient did not improve. She developed sepsis, adult respiratory distress syndrome, and further complications. Two months after her children's birth, she died.

▶ **PATIENT'S CLAIM** The nurse or ObGyn should have instructed the patient to go to the emergency room when she first called about the emitted fluid. She had a uterine infection and would have survived with earlier treatment.

▶ **DOCTOR'S DEFENSE** The call was handled properly, and she was treated in a timely manner. Sepsis only began 3 days after her office visit, and it was pre-existing conditions—a pulmonary disorder and Crohn's disease—that caused her death.

▶ **VERDICT** Tennessee defense verdict. ☹

For more on vacuum extraction, read...

Reducing the medicolegal risk of vacuum extraction

▶ Martin L. Gimovsky, MD,
and Ji-Soo Han, MD
JUNE 2007

You'll find it in our archive at
www.obgmanagement.com

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