

## Parents claim fetal body was mistreated

**A WOMAN** presented at the hospital with excessive vaginal bleeding at 18 to 20 weeks' gestation. A sonogram indicated the absence of amniotic fluid and a fetal heart rate of 86 to 102 bpm. The patient was admitted to labor and delivery. A nurse found no fetal heart tones, and the attending OB, Dr. A, used ultrasonography to confirm fetal death. Labor induction to deliver the fetus was begun. When a breech position was found, Dr. A, who was now unavailable, had the nurse contact Dr. B. The fetal body was delivered without the head—but Dr. B completed no delivery note and the medical records did not mention decapitation. After the body was placed in a sterile basin, the head was delivered using a ring forceps. Nurses removed the body parts and swaddled them in a baby blanket. The parents, who had not seen the decapitation, refused to hold the wrapped fetus, fearing the head would fall off. The remains were put in a closed casket for the viewing and funeral.

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▶ **PLAINTIFFS' CLAIM** The plaintiff mother claimed medical malpractice. Both parents said the fetus should have been left to deliver spontaneously without intervention. There was negligence in the mistreatment of the fetal body and also in the application of excessive force or traction to the body, which caused the decapitation.

▶ **PHYSICIAN'S DEFENSE** The delivery

was carried out correctly. Delivery of a stillborn fetus requires guidance, as the cervix cannot fully dilate. Also, an 18- to 20-week fetus is friable and delicate; thus, contractions created a sheering force on the fetal body and caused the decapitation. The latter was not caused by traction.

▶ **VERDICT** Missouri defense verdict. A posttrial motion was pending.

## Myomectomy causes uterine and bowel injuries

**A 47-YEAR-OLD WOMAN** suffered from heavy menstrual bleeding caused by submucosal uterine fibroids. Her gynecologist tried to resect the largest fibroid using a resectoscope, but the fibroid did not free itself from the uterine wall when he applied electrical current. He continued the procedure until it was apparent he had perforated the uterus. He stopped and sent the patient home with pain medications and antibiotics. Because of a bowel injury, she developed peritonitis and sepsis and eventually required surgical repair of the bowel. Her recovery was good, but it required her to miss work for 1 month and aggravated an existing anxiety disorder.

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▶ **PATIENT'S CLAIM** Because of the high risk of uterine and bowel injury, the procedure should have been terminated when the application of electrical current did not free the fibroid from the uterine wall.

▶ **PHYSICIAN'S DEFENSE** Not reported.

▶ **VERDICT** \$500,000 Minnesota settlement.

## Patient attempts suicide after Lupron injection

**A 27-YEAR-OLD WOMAN** suffering from depression was given a diagnosis of endometriosis. Her ObGyn injected her with leuprolide (Lupron), which can decrease the production of some hormones and influence moods, and has an effect that lasts for about 3 months. Five days later the patient reported depression, and then returned to the facility the next day. Eleven days after that, she attempted suicide. A diagnosis of bipolar disorder was made following 3 days of inpatient psychiatric evaluation. She was treated for 1 month as an outpatient.

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▶ **PATIENT'S CLAIM** Lupron should not have been administered. The ObGyn was negligent for treating her with the drug and for not disclosing that it can cause depression. She was unable to handle the presence of other people, and thus did not return to work.

▶ **PHYSICIAN'S DEFENSE** First, because depression is a rare side effect of Lupron, it was unnecessary to disclose the risk. Second, given that the depression did not subside until 3 years after leuprolide injection, the drug had not caused the depression.

▶ **VERDICT** New York defense verdict. ☹

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