HOAc 100%—instead of a 5% solution—is applied to vagina

A 27-YEAR-OLD WOMAN underwent a loop electrosurgical excision procedure with cone biopsy. Although a 5% acetic acid solution should have been applied to the vaginal area, glacial—100%—acetic acid was applied. This caused significant burns, and the patient was transferred to a major hospital's burn unit. There, it was determined that she had second-degree burns to the vaginal and urethral surfaces. She recovered, but her buttocks were scarred. An investigation found that the pharmacy technician, the circulating nurse, and the scrub technician were at fault for failing to (1) identify the undiluted acetic acid, (2) follow the clear warnings on the bottle of acid, and (3) notice the distinctive odor.

PATIENT'S CLAIM Her buttocks were scarred and she suffered posttraumatic stress disorder.

DEFENDANTS' DEFENSE Not reported.

VERDICT $475,000 Massachusetts settlement.

Headache, diarrhea, and stroke precede birth of child with CP

A PREGNANT WOMAN IN HER 30S who had headaches and diarrhea called her obstetrician to ask if she could take acetaminophen for the pain. The physician told her she could, and advised her to call back in an hour if the pain persisted. The woman's husband returned from a business trip 13 hours later to find her unconscious with blood coming from her nose. She was transported to a hospital where emergent cesarean delivery of a baby with mild cerebral palsy was performed.

PATIENT'S CLAIM When she called the obstetrician with complaints of headaches and diarrhea, the obstetrician failed to diagnose preeclampsia. Also, she should have been sent to the hospital immediately.

PHYSICIAN'S DEFENSE Recommending hospitalization for headaches and diarrhea is unreasonable. Also, these are not classic symptoms of preeclampsia. More likely, the woman had a stroke before she called the physician, and the stroke may have been due to fertility medications she had previously taken. In addition, the patient called her husband after speaking with the physician, and he continued his trip; if he was not overly concerned by her call, it was unreasonable to expect the physician to notice anything serious.

VERDICT Pennsylvania defense verdict.

After elective abortion, patient has stroke, needs hysterectomy

A 20-YEAR-OLD WOMAN presented for a second-trimester abortion in an ambulatory office. Dr. A attended her until severe bleeding was apparent, at which time Dr. B came to assist. Following treatment, she was sent home. There she collapsed and went into cardiac arrest due to bleeding caused by rupture of her uterus during the original procedure. She then suffered a stroke and remained in a coma for 3 weeks. After a hysterectomy was performed, she was left with weakness in her left hand and leg. Also, scarring of her lungs caused shortness of breath.

PATIENT'S CLAIM The physicians should have sent her to an emergency room, but they failed to recognize the seriousness of her condition. Also, as she had a history of two cesarean deliveries, they should have realized her increased risk of a ruptured uterus.

PHYSICIANS' DEFENSE The patient appeared to be stable and was treated properly.

VERDICT $1.9 million New Jersey settlement, including $575,000 from Dr. A, $325,000 from Dr. B, and $1,000,000 from the medical group.

Midwife attempts VBAC; uterus ruptures, baby is born with CP

A NURSE MIDWIFE managed the labor of a woman whose previous pregnancy ended with a cesarean delivery. After oxytocin was administered, the tocometer showed increased uterine resting tone. Then the uterus ruptured, and the fetal heart rate decreased. Thirty minutes later, the baby was delivered by cesarean section. He suffered a brain injury and was diagnosed with cerebral palsy.

PATIENT'S CLAIM The nurse midwife failed to contact the obstetrician about the change in labor contraction pattern and the abnormal uterine tone.

MIDWIFE'S DEFENSE Not reported.

VERDICT $939,000 Virginia verdict.

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These cases were selected by the editors of OBG MANAGEMENT *from* Medical Malpractice Verdicts, Settlements & Experts, *with permission of the editor, Lewis Laska (www.verdictslaska.com). The information available to the editors about the cases presented here is sometimes incomplete. Moreover, the cases may or may not have merit. Nevertheless, these cases represent the types of clinical situations that typically result in litigation and are meant to illustrate nationwide variation in jury verdicts and awards.*

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Manual version is successful but fetus is injured

AFTER MIDWIVES provided prenatal care for a woman throughout her pregnancy, an obstetrician was called when the fetus, at 38 weeks' gestation, was found to be in breech position. The obstetrician successfully turned the fetus by manual version, but the fetal heart rate decreased immediately following the version and remained low. Twenty minutes later, a cesarean delivery was performed. The child was given a diagnosis of hypoxic–ischemic encephalopathy and cerebral palsy.

▸ **PATIENT'S CLAIM** The cesarean delivery should have been performed sooner.

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

▸ **VERDICT** $1.625 million Missouri settlement.

OB, mother disagree: When did child's brain injury occur?

AN OBSTETRICIAN ARRIVED at the hospital about half an hour after his pregnant patient. Meconium staining was noted when he ruptured the amniotic membrane, and pediatricians were advised to be present for the delivery. One and a quarter hours later, the child was born with an Apgar score of 9. An MRI scan shortly after his first birthday indicated an infarction of the left middle cerebral artery. He was eventually given a diagnosis of hemiparetic cerebral palsy (CP).

▸ **PATIENT'S CLAIM** An intrapartum event caused the CP. As the fetal heart monitor showed persistent bradycardia and the stained amniotic fluid indicated fetal distress, a cesarean delivery should have been performed immediately. Also, a transient intrapartum hypoxic event is possible even when Apgar scores are normal.

▸ **PHYSICIAN'S DEFENSE** The baby did not experience a hypoxic event, as he had no global damage. CP resulted from a postpartum infarction of the left middle cerebral artery. Also, the fetus consistently maintained a normal, reactive heart beat with no late decelerations.

▸ **VERDICT** New York defense verdict.

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