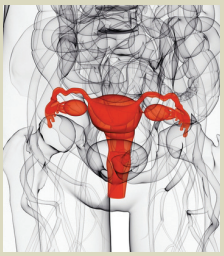

Placenta fails to deliver: mother dies of hemorrhage

AFTER A 38-YEAR-OLD WOMAN GAVE BIRTH, the placenta did not deliver. The ObGyn was unable remove the entire placenta and the mother began to hemorrhage. After an hour, the patient was given a blood transfusion. She could not be stabilized and died.

ESTATE'S CLAIM The ObGyn was negligent. He failed to remove the entire placenta and did not treat the hemorrhage in a timely manner. The hospital staff was negligent in failing to properly address the massive hemorrhage. A prompt transfusion would have saved the woman's life, but the anesthesiologist who had to approve the procedure could not be located. Other procedures, including a hysterectomy, could have saved the mother's life.

DEFENDANTS' DEFENSE The ObGyn claimed that incomplete delivery of the placenta and postpartum hemorrhage are known complications of a delivery. The hospital claimed that the staff had acted appropriately and that it was not responsible for the actions of the anesthesiologist, an independent contractor. The anesthesiologist denied negligence.

VERDICT A $2 million New York settlement was reached that included $200,000 from the hospital and $1.8 million from the physicians' insurers.

Decreased fetal movement overlooked; severe injury to baby

AT HER 39TH-WEEK PRENATAL VISIT at a clinic, the mother reported decreased fetal movement. Acoustic stimulation of the fetus was attempted twice without response. The fetal heart-rate monitor identified a normal heart rate without variability or accelerations. The mother was taken by wheelchair to the hospital next door. A note explaining the nonreassuring findings allegedly accompanied her.

The mother waited to be admitted. When a fetal heart-rate monitor was connected 30 minutes after admission, results were still nonreassuring.

A resident examined the mother 45 minutes later. He called the attending ObGyn, and they decided to postpone cesarean delivery because the mother had eaten breakfast.

When the fetal heart rate crashed 4 hours later, a second-year resident began emergency cesarean delivery. The ObGyn, who had never examined the patient, observed some of the procedure in the OR.

The baby was born with catastrophic brain damage, and has spastic quadriplegia cerebral palsy, feeding problems, and significant cognitive and developmental delays.

PARENTS' CLAIM A cesarean delivery should have been performed immediately after the mother's admission. Even if the cesarean had been begun 15 to 20 minutes earlier, the injury could have been avoided. The ObGyn never examined the mother nor did he participate in the cesarean delivery.

DEFENDANTS' DEFENSE The ObGyn and hospital denied negligence. The note was not attached to the patient's chart. At trial, the ObGyn admitted that a delivery 15 to 20 minutes earlier might have avoided the injury.

VERDICT A $33,591,900 Tennessee verdict was returned.

Woman becomes pregnant after tubal ligation

A 32-YEAR-OLD WOMAN requested sterilization after the birth of her third child. A Falope ring tubal ligation procedure was performed by a gynecologist in April 2006. During surgery, the device used by the gynecologist ejected 2 silastic bands on the right side instead of one.

The patient learned she was pregnant in March 2007. Her high-risk pregnancy ended with cesarean delivery in September 2007. The delivering ObGyn found the patient's right fallopian tube in its natural, unscarred state. A silastic band was applied to the right ovarian ligament, not the right fallopian tube.

PATIENT'S CLAIM The gynecologist banded the ovarian ligament instead of the fallopian tube.

PHYSICIAN'S DEFENSE The procedure was properly performed. The rings initially enclosed the fallopian tube and ovarian ligament, but the top ring subsequently migrated off the structures, allowing the fallopian tube to slip out of the attachment. Failure to sterilize is a known risk of the procedure.

VERDICT An Illinois defense verdict was returned.

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PHOTO: SHUTTERSTOCK

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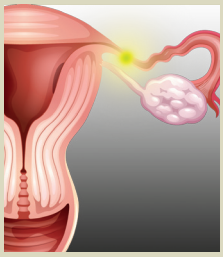

Abortion attempted but pregnancy is ectopic

A 14-YEAR-OLD PATIENT went to a clinic for elective abortion at 8 weeks' gestation. Ultrasonography (US) prior to the procedure showed an intrauterine pregnancy. After dilating the cervix, the ObGyn inserted a semi-rigid vacuum aspiration curette to suction the uterine contents, but received nothing. A second US confirmed an intrauterine pregnancy. The ObGyn was able to locate the pregnancy and indent the gestational sac with 3 different dilators and the curette. The pregnancy decreased in size on US after the suction was applied. However, the patient's vital signs dropped dramatically, and she was rushed to the hospital. During emergency surgery, severe pelvic adhesive disease complicated the ability to stop the hemorrhage. Four physicians concurred that supracervical hysterectomy was needed to save the patient's life. Postoperative pathology identified a cornual or interstitial ectopic pregnancy.

PATIENT'S CLAIM The ObGyn failed to heed several warning signs of ectopic pregnancy. Further testing should have been done before the second round of vacuum. If ectopic pregnancy had been discovered earlier, the patient could have undergone surgery that would have preserved her uterus and allowed her to bear children. The ObGyn tore the uterus multiple times when he turned on the suction, causing massive hemorrhage.

PHYSICIAN'S DEFENSE Ultrasonography clearly showed an intrauterine pregnancy. There was nothing to cause suspicion that the pregnancy was ectopic. She might be able to have a child through surrogacy.

VERDICT A $950,000 Illinois verdict was returned.

Macrosomic fetus: mother and baby both injured

WHEN PRENATAL ULTRASONOGRAPHY indicated the fetal weight was 10 lbs, the patient and her mother expressed concern over delivery of such a large baby. The ObGyn reassured them that it would not be a problem.

Four days later, the mother went into labor. She was 9-cm dilated 4.5 hours later, but only progressed to 9.5 cm over the next 7 hours. She was told to begin to push, but, after 2 hours, birth had not occurred. The ObGyn used forceps to deliver the head 45 minutes later. Shoulder dystocia was encountered and there was a 3.5-minute delivery delay. The baby suffered oxygen deprivation and the mother experienced a 4th-degree perineal tear.

After the NICU team resuscitated the baby, she was transferred to another hospital, where she underwent "head cooling" in an attempt to mitigate her injuries. The child has mild cerebral palsy, with right hemiparesis, speech delay, and additional neurologic injuries.

PARENTS' CLAIM Cesarean delivery was unnecessarily delayed. The ObGyn was negligent in not performing an emergency cesarean delivery after 2 hours of pushing was not effective. The ObGyn never suggested a cesarean delivery, it was not noted in the chart, and no one else present at the time remembered the option being offered.

PHYSICIAN'S DEFENSE There was nothing during labor to contraindicate a vaginal birth. The ObGyn claimed that he offered a cesarean delivery after 2 hours of pushing. The baby's blood gas reading at delivery was normal. Any brain injuries to the baby were from resuscitation.

VERDICT A $4,080,500 Pennsylvania verdict was returned.

Bowel injury during cesarean delivery

DURING CESAREAN DELIVERY, the mother suffered a bowel injury that led to infection and several abdominal abscesses. She required two procedures for drain placement plus two additional operations.

PATIENT'S CLAIM The ObGyn was negligent in how he performed the cesarean delivery and for not treating the injury and subsequent infection in a timely manner. The abscesses took 3 years to resolve; additional procedures left scarring and aggravated a spinal injury.

PHYSICIAN'S DEFENSE Bowel perforation is a known complication of cesarean delivery. It probably occurred during manipulation of the uterus in an area that was not visible.

VERDICT A $750,000 New Jersey verdict was returned.

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.*

PHOTO: SHUTTERSTOCK