Mother dies 10 h post-delivery

AT 38 WEEKS' GESTATION, a 20-year-old woman had preeclampsia and a borderline-low platelet count. She was admitted to a US Navy hospital for induction of labor.

When labor failed to progress after 53 hours, a cesarean delivery was performed. The patient suffered uncontrolled bleeding and developed HELLP syndrome (hemolysis, elevated liver enzymes, low platelet count). A platelet transfusion was needed, but the nearest supply was at a city hospital approximately 60 miles away. Because of bad weather, the patient could not be flown to the city. She died 10 hours after delivery.

ESTATE'S CLAIM A cesarean delivery should have been performed earlier. Lab results showing the severity of the mother's condition at delivery were not read for 5 hours.
DEFENDANTS' DEFENSE The case was settled before trial.
VERDICT A $2.1 million Missouri settlement was reached.

Did OB's errors cause this child's injuries?

A CHILD WAS BORN with a left brachial plexus injury and fractured left clavicle.

PATIENT'S CLAIM The ObGyn failed to diagnose shoulder dystocia, failed to perform appropriate maneuvers to free the entrapped anterior shoulder, and applied excessive lateral traction to deliver the child.
PHYSICIAN'S DEFENSE There was no shoulder dystocia. The child's injuries were caused by the natural forces of labor.
VERDICT A $1,314,600 Iowa verdict was returned.

Sedation for surgery leads to brain damage

A 20-YEAR-OLD WOMAN with sickle-cell anemia (SCA) was sent to an ambulatory surgery center for surgical treatment of cervical dysplasia.

A certified nurse anesthetist (CRNA) sedated the patient at the surgery center. The patient went into cardiac arrest and was transferred to a hospital. She suffered a brain injury caused by oxygen deprivation. Her IQ dropped by 11 points; with the brain damage, she was unable to retain her driver's license.

PATIENT'S CLAIM The procedure could have been performed safely in the doctor's office under local anesthesia. The gynecologist had signed off on the anesthesia plan, although he knew of the risks of giving general anesthesia to someone with SCA. She was sent to the surgery center only because of the gynecologist's desire to generate revenue.
DEFENDANTS' DEFENSE The gynecologist blamed the CRNA, who, allegedly, allowed a kink to form in the IV anesthesia line. When the line cleared, sedative flooded into the patient, causing her heart to stop. The gynecologist admitted that general anesthesia was unnecessary; local anesthesia would have been safer. The CRNA argued that the surgery center was at fault; she had followed the center's standard operating procedure. The surgery center denied negligence.
VERDICT An $851,000 South Carolina settlement was reached with the gynecologist, CRNA, and surgery center.

Pain from retained sponge, surgical ring

TWINS WERE BORN BY CESAREAN delivery to a 40-year-old woman. She developed abdominal pain and reported it to her ObGyn several times. Four months after delivery, the ObGyn found a retained sponge and surgical ring during exploratory laparotomy.

PATIENT'S CLAIM The ObGyn did not adequately inspect the operative area before closing. Although the patient reported abdominal pain immediately after delivery, her complaints were ignored for several months.
PHYSICIAN'S DEFENSE The nurses are responsible for any errors in the sponge count. The patient's complaints were not brought to his attention until four months after delivery.
VERDICT The patient reached a confidential settlement with the delivery nurses, an assisting physician, and the hospital. A New York jury found the ObGyn 60% at fault; a $1.5 million verdict was returned. The patient agreed to a $550,000 post-trial settlement with the ObGyn's insurer.

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

Patient falls from exam table during non-stress test

IN HER EIGHTH GESTATIONAL MONTH, a woman in her 30s underwent a non-stress test because of five prior miscarriages. She became ill just as the test was beginning, turned to her side to vomit, and fell off the examination table. She fractured her cervical spine.

An emergency cesarean delivery resulted in the birth of a healthy baby. The woman then underwent fusion surgery to repair the cervical fracture. She required physical therapy, and made a good recovery.

PATIENT'S CLAIM The examination table should have had side rails, which would have prevented the fall.

DEFENDANTS' DEFENSE Side rails were not required on an examination table. This was an unforeseeable event that occurred while a nurse was setting up the procedure and reaching for a blood-pressure cuff.

VERDICT A Connecticut defense verdict was returned.

Sexually abused by nursing assistant: *$67 million verdict*

A 38-YEAR-OLD WOMAN UNDERWENT laparoscopic ovarian cyst removal. While hospitalized, a male nursing assistant sexually assaulted her by digital penetration of the vagina without wearing gloves. The employee was arrested for the assault, but allegedly fled the country after posting bail.

PATIENT'S CLAIM At least five similar incidents involving the same nursing assistant reportedly occurred in the hospital over a 16-month period. At trial, four patients and an employee testified that they had been similarly assaulted and had reported the incidents to hospital staff. The nursing assistant should have been removed from his position after the first reported incident, and a thorough investigation conducted. The patient suffered post-traumatic stress disorder because of her experience.

DEFENDANTS' DEFENSE A proper investigation was made. Often, female patients are uncomfortable with male nurses. The hospital denied being notified of some incidents, and maintained it had suspended the male nursing assistant when it became aware of the incident under litigation.

VERDICT A $67,359,753 California verdict included $65 million in punitive damages against the hospital and its former corporate owner.

Salpingectomy results in death

TO INCREASE HER CHANCES of becoming pregnant using IVF, a woman in her 30s underwent adhesiolysis and salpingectomy. She was discharged the same day.

The next day, she complained of abdominal pain to her ObGyn. She died two days after surgery from septic shock due to a perforated bowel.

ESTATE'S CLAIM The ObGyn was negligent in discharging her, especially because the surgeon had identified a superficial injury to the bowel during surgery. She should have been examined the day after surgery when she first complained of abdominal pain.

PHYSICIANS' DEFENSE The ObGyn acted appropriately in relying on the surgeon's recommendation for discharge. He had contacted the patient twice after her initial call regarding abdominal pain, and was told both times that she was feeling better.

VERDICT A Virginia defense verdict was returned.

Disastrous D&C after miscarriage

A 29-YEAR-OLD WOMAN miscarried at 14 weeks' gestation. An ObGyn recommended that she undergo dilation and curettage (D&C).

With the ObGyn in attendance, a resident sedated the patient and performed the D&C. When the resident perforated the uterus, the ObGyn took over, inserting ring forceps to remove the remains. The forceps went through the perforation and tore the top half of the rectum and a portion of bowel.

A rectal surgeon, called in to repair the injury, performed an ileostomy and created an ileostomy pouch. The ileostomy was later successfully reversed.

PATIENT'S CLAIM The woman was at risk of injury because her uterus was anteverted and she had undergone a cesarean delivery; an experienced physician should have performed the procedure.

When the perforation first occurred, ultrasonography should have been used to identify the puncture and prevent injury to the rectum and bowel.

DEFENDANTS' DEFENSE The patient gave informed consent. The injury is a known risk of the procedure.

VERDICT A $2.5 million Michigan verdict was returned against the ObGyn and hospital, but was reduced to $1.25 million under the statutory cap.