



Was cesarean indicated for postdates pregnancy?

BALTIMORE COUNTY (MD) CIRCUIT COURT—At 42 weeks' gestation, a gravida presented to the hospital for induction of labor. After the infant was delivered vaginally, he required resuscitation. Due to a prolonged lack of oxygen, the baby suffered brain damage, resulting in motor deficits, severe speech and language delays, and an approximate IQ of 60.

The mother sued, arguing cesarean delivery is the standard of care for a postdates pregnancy and the fetal heart-rate monitor demonstrated late decelerations, which required an immediate cesarean. The obstetrician contended he followed the standard of care and that no circumstances during the patient's labor and delivery warranted an emergent cesarean section.

The jury awarded the plaintiff \$2 million.

Chronic pelvic pain: entrapped nerve or endometriosis?

TOMPKINS COUNTY (NY) SUPREME COURT—A woman presented to an internist with transient right-sided abdominal pain that propoxyphene did not alleviate. A CAT scan and sonogram showed a right adnexal mass.

The plaintiff claimed the gynecologist performed the laparoscopy prematurely.

The internist referred the patient to a gynecologist, who could not assess rebound pain because her abdomen was too tender. Since the woman was in extreme pain, he also could not perform a pelvic exam. He admitted her to the hospital with a prescription for intravenous meperidine. When the pain persisted, the clinician performed a laparoscopy and found adhesions between the ovary and abdominal wall. After lysing them, he diagnosed endometriosis and removed the ovary. Although the patient's right-sided pain was alleviated, she suffered left-sided pain postoperatively. A pain management doctor diagnosed an entrapped nerve, and the woman underwent 2 surgeries to lessen the pain.

The patient sued the gynecologist, contending that she still suffered abdominal pain and that the gynecologist prematurely performed the laparoscopy. She also stated that he entrapped the left branch of the inguinal nerve when he closed the trocar incision. The physician argued the surgery was performed according to the standard of care.

The jury returned a defense verdict.

Did placental abruption or IVH cause infant's death?

US DISTRICT COURT (WESTERN DISTRICT OF WIS)—At 30 weeks' gestation, a gravida presented to the hospital with lower abdominal discomfort. A nurse examined her, but she received no ultrasound or electronic fetal monitoring, nor was an obstetrician consulted. The woman was instructed to go to a better-equipped medical center if she experienced further pain. Four hours after discharge, the patient presented to the recommended hospital, where she delivered an unresponsive infant via cesarean section. The child died about 10 days later.

In suing, the parents claimed the hospital staff failed to diagnose a partial placental abruption. Also, they said the fetus suffocated during the 4 hours between the examination and the cesarean delivery. The defendant claimed a proper exam was performed and argued an ultrasound would not have diagnosed an abruption. Further, the fetal heart tones were normal, obviating the need for electronic fetal monitoring. Moreover, the defendant asserted the parents were negligent for delaying their presentation to the hospital while the mother's problems persisted. Ultimately, an intraventricular brain hemorrhage, a complication of preterm delivery, was the cause of the infant's death, the defense purported.

The jury returned a defense verdict.

The cases presented here were compiled by Lewis L. Laska, editor of Medical Malpractice Verdicts, Settlements & Experts. While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation.