

Infant's cerebral palsy follows maternal hemorrhage

Muscooke County (Ga) Superior Court

A pregnant woman near term presented to a hospital with severe vaginal bleeding. She had undergone a previous cesarean delivery. The patient was examined by a nurse midwife who was in contact with an obstetrician. The following evening, the infant was delivered via cesarean section with brain damage and subsequent cerebral palsy.

In suing, the parents alleged that the doctor should have examined the mother upon admission. They argued that their son suffered profound brain damage due to inadequate oxygenation prior to delivery.

Both the nurse midwife and obstetrician maintained that their management was well within the standard of care. Further, the doctor claimed that a knot in the umbilical cord could have caused a lack of proper oxygen to the fetus.

- The jury awarded the plaintiffs \$12 million.

Meningitis follows maternal infection

Cook County (Ill) Circuit Court

During pregnancy, a woman experienced a urinary tract infection with group B streptococcus. Twenty-four hours after delivery, her infant son developed meningitis and group B streptococcus sepsis. The plaintiff, who was 12 at the time of the trial, suffers from attention deficit hyperactivity disorder and learning disabilities.



Group B streptococcus

In suing, the plaintiff argued that given his mother's infection during pregnancy, she should have received prophylactic antibiotics during labor or he should have been given antibiotics following birth.

The doctor argued that in 1990, when the incident occurred, there were no standards for administering intrapartum antibiotics under these circumstances.

- The jury returned defense verdicts for the obstetrician and pediatrician; the plaintiff settled with the hospital and nurse for \$2.75 million.

Artery, vein, bowel lacerations complicate oophorectomy

Porter County (Ill) Superior Court

A 25-year-old woman presented to a hospital for removal of an ovary. During the procedure, the physician had difficulty grasping the ovary and utilized a trocar. The instrument's placement resulted in laceration of the patient's iliac artery, vein, and bowel.

Following surgery, the patient remained in the hospital for 12 days, 3 days of which were spent on life support. Postoperatively, the patient developed clotting and continues to take blood-thinning medication.

In suing, the woman claimed that the doctor did not position himself at a proper angle to perform the surgery and failed to avoid blood vessels.

The doctor argued that the patient's injury was due to a faulty trocar, noting that the shield fell off during surgery.

- The jury awarded the plaintiff \$620,000.

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Premature delivery results in retinopathy, blindness

Kings County (NY) Supreme Court

A woman at 27 weeks' gestation delivered twins. Because they were premature, the newborns were placed in oxygen tents. While one infant experienced no problems, the other developed retinopathy resulting in blindness.

In suing, the mother claimed that the neonates were not properly monitored. She further argued that the infants were never examined by an ophthalmologist.

Hospital staff contended that retinopathy is a known risk factor in premature deliveries.

- The case settled for \$2.5 million.

Doctor performs episiotomy despite woman's refusal

Du Page County (Ill) Circuit Court

Prior to delivery, a 27-year-old woman informed her doctor that she did not want an episiotomy. In addition, she altered the hospital consent form to specifically refuse an episiotomy. However, during delivery, the doctor performed an episiotomy to prevent a tear and further complications.

The woman sued, claiming that she suffered pain and emotional distress due to the episiotomy. She also attributed 2 later abortions to her doctor's failure to respect her wishes.

The doctor conceded that he and the patient had discussed her refusal to have an episiotomy. However, he claimed, he informed her that he was unable to guarantee the procedure would not be necessary.

- The jury returned a defense verdict.

Did delayed cesarean lead to infant's death?

Pierce County (Wash) Superior Court

A woman at 33 weeks' gestation presented to her doctor with complaints of headaches,

blurred vision, and excessive vomiting on a daily basis, as well as an elevated blood pressure. The doctor ordered bed rest.

During a routine checkup 1 month later, results from a stress test raised concerns about fetal bradycardia. The fetal heart rate had dropped from 110 to 50 beats per minute. The obstetrician told the woman to go home, pack a bag, and return to the hospital. Thirty-five minutes later, the baby was delivered via cesarean with no discernible heartbeat. Resuscitation efforts were unsuccessful and the child was deemed stillborn.

In suing, the woman alleged that she should have been admitted to the hospital at 33 weeks' gestation when she showed signs of hypertension, edema, and proteinuria—symptoms that are indicative of preeclampsia. Further, she claimed that she should have been referred to a perinatologist.

- The case settled for \$750,000.

Inadequate monitoring blamed for delayed healing

Webb County (Tex) District Court

Following a long-standing history of heavy menstrual bleeding resulting in anemia, a 45-year-old obese woman with diabetes presented to her doctor for a hysterectomy.

The woman developed bleeding postoperatively, and a second surgery was necessary to locate and repair the source. Following this second procedure, the patient developed a hospital-borne infection at the site of the wound.

In suing, the woman claimed that the doctor did not issue sufficient postoperative orders to the nurses to monitor her fluid intake and urine. She argued that inadequate urinary output monitoring caused an extended period of shock, which resulted in delayed healing that took 9 months.

The doctor maintained that his notes were adequate and that the nurses properly charted the patient's fluid intake and urine.

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Further, he noted that it was impossible to determine whether the shock or the hospital-borne infection caused the delay in healing.

- The jury returned a defense verdict.

Oxytocin administration blamed for cerebral palsy

Harris County (Tex) District Court

A woman who had undergone a previous cesarean section presented to a hospital for labor and delivery. Following her admission, oxytocin was given.

During labor, the woman's uterus ruptured, causing the infant to detach from both the uterus and the placenta. Following an emergency cesarean, the child was born with cerebral palsy.

In suing, the mother argued that the doctors and nurses were negligent in administering oxytocin. Further, she claimed that the doctor was not properly informed of changes in the fetal monitoring strip.

The doctor claimed that he had no recollection of ordering the oxytocin.

- The jury awarded the plaintiff \$1,587,000.

Shoulder dystocia results in brachial plexus injury

Broward County (Fla) Circuit Court

A woman at 40 weeks' gestation presented to a hospital for labor and delivery. During delivery, the obstetrician encountered shoulder dystocia.

The child was born with a left brachial plexus injury that resulted in reduced function of his arm. Several surgeries were required to correct the injury.

In suing, the mother claimed that the doctor placed excessive lateral pressure on the infant's head during delivery.

The doctor argued that he had used appropriate delivery procedures under the circumstances.

- The jury awarded the plaintiff \$1,341,500.

Did air embolism during hysterectomy lead to death?

Jackson County (Mo) Circuit Court

While undergoing a hysterectomy, a 48-year-old woman experienced a cardiopulmonary collapse. She subsequently died, despite resuscitation efforts.

The family sued, arguing that the cardiac emergency resulted from air traveling through the intravenous tubing controlled by the defendant anesthesiologist. They also maintained that the defendant failed to turn off the gas and administer epinephrine to the patient during the resuscitation efforts.

The doctor claimed that the patient died of unknown causes and that the autopsy was inconclusive.

- The jury awarded the plaintiff \$1.5 million.

Death blamed on failure to treat preeclampsia

Montgomery County (Ala) Circuit Court

Following delivery of a healthy baby, a 29-year-old woman began experiencing various problems, including rib pain, flu-like symptoms, and "sparkles" in her field of vision. Later, she developed adult respiratory distress syndrome and was admitted to intensive care. One month after giving birth, she died of multiorgan failure.

In suing, the husband claimed that the doctor failed to detect and treat severe preeclampsia and/or hemolysis, elevated liver enzymes, and low platelet count syndrome.

The doctor argued his quality of care was adequate. He also noted that severe preeclampsia has a high mortality rate, regardless of the care, and is often resolved postdelivery.

- The jury returned a verdict for the defense. ■

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.