

Vacuum suction blamed for severe retardation

US District Court, District of Missouri

During the course of delivery, a physician applied vacuum suction to a male child's head 15 times. The child was born with cerebral palsy and severe mental retardation, with an estimated IQ of 25.

In suing, the plaintiff alleged that the suction caused constriction of internal veins, thus cutting off blood supply to the child's brain.

The defense, noting a slightly elevated temperature in the mother during labor, maintained that the neonate's injuries stemmed from a maternal condition.

- The judge awarded the plaintiff \$19 million.

Did inappropriate oxytocin cause uterine rupture?

Orange County (Calif) Superior Court

A 30-year-old woman presented to a hospital in the early morning in labor with her first child; by phone, a physician ordered oxytocin administration.

The doctor instructed hospital staff to begin administration with 1 mU/min, with increases of 1 mU/min every 30 to 40 minutes. Despite this instruction, nurses increased the dose by 2 mU/min on 6 instances that day.

At approximately 1 PM, the physician performed an artificial rupture of membranes. At 5:30 PM, fetal monitoring revealed severe bradycardia; an emergency cesarean was performed 25 minutes later. Examination revealed uterine rupture. The child now suffers profound total-body spastic rigid cerebral palsy.

In suing, the plaintiffs noted that fetal monitoring strips showed decreased variability and repetitive late decelerations throughout

the afternoon of delivery. They contended that the oxytocin dosage was increased on several occasions despite evidence of uterine hyperstimulation. Further, they claimed, the hyperstimulation resulted from inappropriate oxytocin administration.

The plaintiffs also argued that the Ob/Gyn should have noted dosing instructions were not being followed when she saw the patient at 1 PM; further, during a 4 PM phone call, the physician should have inquired as to the strength and frequency of contractions.

The doctor maintained it was the staff's responsibility to carry out dosing orders as indicated and to inform the physician of any abnormalities in the labor.

The defendant hospital claimed that nurses are often called on to use discretion in dose increases, and that their actions were reasonable. Further, it was alleged, no clear indication of uterine hyperstimulation was present and abnormalities on the fetal monitoring strips were temporary. The hospital maintained the mother's inherently weak uterus, not inappropriate oxytocin, was to blame for the rupture.

- The case settled for \$4 million at mediation.

Myomectomy performed: Was hysterectomy indicated?

Ventura County (Calif) Superior Court

Narcotic analgesics failed to resolve the symptoms of a 32-year-old woman with menorrhagia, cramping, and pain. Her family physician therefore ordered a pelvic ultrasound. The study revealed multiple myomas, and the patient was referred to an Ob/Gyn.

In discussions with the Ob/Gyn, the patient expressed her desire for a hysterectomy to resolve the problem. During surgery, how-

ever, the physician discovered that no fibroids existed within the uterus; rather, a large myoma on a stalk was attached to the patient's uterus. The doctor opted to remove the fibroid at the stalk, leaving the uterus intact.

Following surgery, the patient's symptoms continued. She sought treatment from several other physicians, and approximately 1 year after the initial procedure had a hysterectomy. She claims she is now symptom-free.

In suing, the plaintiff argued that her understanding of the initial procedure was that a hysterectomy would be performed, to ensure permanent resolution of her symptoms. She alleged that in opting for a myomectomy, the defendant conducted a surgery for which she had not given consent. She sought damages for pain and suffering, as well as lost wages.

The defendant claimed it was not necessary to inform the patient of changes in the planned surgery based on unsuspected pathol-

ogy, and that the woman was told that additional procedures might be required.

- The jury returned a defense verdict.

Could timely appendectomy have prevented preterm birth?

Undisclosed County (Calif)

Symptoms of nausea, vomiting, and right lower quadrant abdominal pain prompted a woman at 28 weeks' gestation to present to a medical center. Her white blood cell count (WBC) was 22,700. After preterm labor was ruled out, the woman was given analgesics and sent home.

The following day the woman returned to the hospital, noting the same symptoms plus diarrhea. Her WBC at this time was 23,500. When no contractions were detected, the woman was given additional pain medication and again discharged home.

Two days after her last visit, she once again presented to the hospital, this time noting sharp pains. An appendectomy was then scheduled with a general surgeon. By this time, however, labor had begun and could not be stopped. The woman delivered the child, who suffers from cerebral palsy and spastic quadriparesis.

The mother claimed that the defendant either misread or failed to assess her WBC and clinical presentation. She argued that a general surgeon should have been consulted during 1 of her initial 2 visits. Had an appendectomy been performed at that time, she claimed, she had a 90% chance of carrying the child to term.

The defendant maintained the standard of care was met at all times.

- The case settled for \$2 million. ■

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