

Nuchal cord problem blamed for stillbirth

Middlesex County (Mass) Superior Court

A 30-year-old woman presented to the hospital in labor at full term. Labor was uneventful until 3:10 AM, when fetal heart tones allegedly suggested distress. The pattern continued, and moderate meconium was noted at 5:20 AM. At 6:00 AM, increased meconium was noted. The heart rate dropped to 80 bpm at 6:24 AM and to 60 bpm 5 minutes later.

An attempt was made to deliver the child by vacuum extraction; ultimately the infant was stillborn. Autopsy revealed normal anatomy and development with nuchal cord entanglement.



In suing, the woman claimed the defendant ignored signs of fetal distress and failed to initiate a cesarean section in a timely manner.

The defense contended that the decision to proceed vaginally was appropriate because the mother was nearly ready to deliver. The defense also claimed there was no sentinel hypoxic event before or during labor, and that the cord most likely tightened at the very end of labor.

- The parties reached a settlement of \$525,000.

Did injuries necessitate cesarean sections?

Queens County (NY) Supreme Court

After a miscarriage at 13 weeks' gestation, a woman in her late 30s underwent a dilatation and curettage (D&C) by her obstetrician. After 6 months of complica-

tions she underwent surgery that included removal of a diseased section of her sigmoid colon and a colostomy. After the colostomy was closed, she underwent a myomectomy and removal of uterine fibroids. Subsequently, the woman gave birth to 3 healthy male infants by cesarean section.

In suing, the woman claimed the obstetrician was negligent in perforating the uterus and bowel during the D&C, which necessitated the colostomy and cesarean deliveries.

The obstetrician argued that the injuries were a known risk of D&C and said the uterine injury did not necessitate the cesarean deliveries, but that the fibroid removal did.

- The jury returned a defense verdict.

C-section complicated by burns and bleeding

Dallas County (Tex) District Court

While a woman was undergoing a cesarean section, the surgical drape caught on fire as the surgeon used a Bovie cautery unit. To control bleeding the surgeon removed the right fallopian tube and ovary.

In suing, the woman asserted she had burn injuries due to the fire and that removal of the fallopian tube and ovary was unnecessary.

The defense alleged that the surgeon had no role in causing the fire and that removal of the fallopian tube and ovary was necessary to control bleeding and ensure hemostasis.

- The hospital settled for an undisclosed amount prior to the jury returning a verdict in favor of the physician.

Wrong ovary removed during hysterectomy

Utah County (Utah) Fourth District Court

A 31-year-old woman had a diseased right ovary that caused severe dysplasia, dysmenorrhea, dyspareunia, and right side pelvic pain. She underwent a total abdominal hysterectomy with right salpingo-oophorectomy. In his postoperative report the physician admitted to removing the wrong ovary; an ultrasound revealed that the diseased ovary remained. Another physician surgically removed the ovary, which contained a benign hemorrhagic cyst and prominent fibrous adhesions.

- A confidential settlement was reached.

Second twin suffers brain damage

Sussex County (NJ) Superior Court

After successful delivery of a first twin, the second twin's head came to rest on the umbilical cord. He was deprived of oxygen for 15 minutes. The subsequent brain damage left him with little or no cognitive function and no use of his limbs. He will require lifetime care.

In suing, the plaintiff faulted the obstetrician, the nurse, and the hospital and noted that the delivery room had no emergency cesarean section equipment.

- The parties settled for \$1.075 million.

Did delay in delivery cause brain softening?

Unknown Massachusetts venue

A woman who fell at 34 weeks' gestation was hospitalized and noted to have irregular contractions but no evidence of preterm labor or abruption. Three weeks later, during a regularly scheduled visit, a decision was made to induce labor based on ultrasound findings suggestive of intrauterine growth restriction.

After a difficult delivery, the infant had Apgar scores of 2, 6, and 7 and a cord

blood arterial pH of 7.10. Initially limp with no respiratory effort and poor color, the infant was placed on continuous positive airway pressure and given sodium bicarbonate.

While in the neonatal intensive care unit, the baby had apneic episodes with decreased oxygen saturations and heart rate. He was observed to have increased tone and extension of the arms. A computed tomography scan revealed occipital/parietal and subarachnoid blood along with subdural bleeding. He was later diagnosed with encephalomalacia, a seizure disorder, and severe developmental delays.

In suing, the family blamed the child's encephalomalacia and seizure disorder on a delay in delivery.

The obstetrician claimed the decision to induce labor was proper, that the infant was properly monitored throughout labor, and that interventions were appropriate.

- The case settled for \$1.7 million.

After tubal ligation, child born with problems

Harris County (Tex) District Court

A mother underwent a tubal ligation. Seven months later, she became pregnant with her fifth child. At 29 weeks' gestation, the child was delivered via emergency cesarean section because of complications. During delivery it was determined that the left ovarian ligament had been ligated instead of the left fallopian tube.

The child suffered multiple complications, including growth and development delays.

- The parties reached a confidential settlement. ■

The cases in this column are selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska, of Nashville, Tenn (www.verdictslaska.com). While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation.