

## Too-early birth of twins follows mother's UTI

A woman in the 26th week of pregnancy with twins (the plaintiffs in the case) called her OB, Dr. A, to report she had a 102° fever. He advised her to take Tylenol, drink fluids, and call back in 2 hours. In the early morning of the next day, the woman presented at the hospital with a temperature of 101°, where Dr. B, another OB, saw her. She underwent testing, and the following day amniocentesis was performed. That afternoon the twins were delivered by emergency cesarean section. Each weighed less than 2 lb. The boy, born with multiple defects, has undergone numerous surgeries on his eyes and legs, but will always be wheelchair-bound. The girl can see after 2 surgeries, but suffers from physical and mental delays.

**Patients' claim** The mother had a urinary tract infection, which was not properly diagnosed when she called Dr. A. Also, the amniocentesis should have been performed earlier.

**Doctors' defense** They denied receiving further calls from the mother. Also, there was no indication of significant problems.

**Verdict** A \$13.2 million verdict was returned against Dr. B only. Post-trial motions were pending.

## MD removes ovaries, cyst—and part of ureter

A physician-employee of the defendant group performed surgery on a 44-year-old woman to remove her ovaries, fallopian tubes, and a cyst the size of an

orange on the left ovary. The pathology report confirmed that the physician had removed part of the patient's left ureter during the surgery. She required emergency reconstructive surgery and remained in the hospital for 2 weeks. A stent was put in place for 4 to 6 weeks. The repair surgery required an iliopsoas hitch. The patient continues to have left flank pain.

**Patient's claim** Injury to the ureter was negligent. As the same physician had delivered her third child as well as performed her hysterectomy, he should have been aware of her condition.

**Doctor's defense** The patient had complicated anatomy and adhesions because of the hysterectomy done the previous year.

**Verdict** A \$400,000 verdict was returned.

## Audible pop at delivery signals diastasis

A 36-year-old woman pregnant with her first child was admitted to the hospital in labor. The next morning she was completely dilated and effaced. She started pushing and, after 2 hours, forceps were used. An audible popping sound occurred at delivery and was noted in the records as a possible fracture of the coccyx. The patient, in great pain after the delivery, had suffered a 3-cm pubic symphysis diastasis (PSD) as shown on a pelvic CT scan. She was discharged after 6 days, and home treatment was arranged. The PSD healed before the trial.

**Patient's claim** Inadequate fetal descent during the second stage of labor should have prompted a cesarean section.

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Cephalopelvic disproportion was present, and excessive force was used during the forceps delivery.

**Doctor's defense** There was no cephalopelvic disproportion, and excessive force was not used. Also, PSD is a known risk factor of pregnancy.

**Verdict** Defense verdict.

## Hysterectomy for postpartum hemorrhage

Following a cesarean section, a 39-year-old woman suffered postpartum internal bleeding and then developed disseminated intravascular coagulopathy. To stop the bleeding, a hysterectomy was performed.

**Patient's claim** If the medical staff had reacted properly to her drop in blood pressure, which occurred shortly after she arrived in the recovery room following the cesarean section, the bleeding problem could have been prevented.

**Doctor's defense** The bleeding problem was not a result of negligence. Also, a doctor was not required to go to the patient when her blood pressure dropped.

**Verdict** Defense verdict.

## Misplaced sutures, then multiple surgeries

A 45-year-old woman underwent a hysterectomy, during which the ObGyn placed several sutures in her bladder. During a subsequent cystoscopy, a urologist identified and removed 2 of the sutures. A third procedure was performed when the woman developed symptoms of a fistula, and a third suture that had not fully penetrated the bladder was discovered. She required multiple surgeries to repair the vesicovaginal fistula.

**Patient's claim** The ObGyn was negligent for placing the sutures in the bladder, and the urologist was negligent for not finding all 3 sutures during the initial cystoscopy.

**Doctor's defense** Placing sutures in the bladder is a known risk of hysterectomy. The urologist also argued that the third suture could not be seen during the first cystoscopy.

**Verdict** Defense verdict.

## Baby with entrapped head, occluded cord dies at 21 months

A 23-year-old woman in the 35th week of her second pregnancy, believing she was in labor, presented at the hospital, but monitoring equipment detected no sign of contractions. She claimed that the OB examined her, but no one checked her cervix to see if she was dilated. Although she demonstrated no organized contraction pattern, she was fully dilated 18 hours later. The OB attempted a vaginal delivery. The fetus presented in a breech position, and during delivery the head and umbilical cord became stuck in the birth canal. Physically and neurologically impaired at birth, the baby died at 21 months of age.

**Patient's claim** The failure to diagnose labor led to the baby's injuries. As the woman's first pregnancy had resulted in labor at 36 weeks, there was a very good chance that she'd have a second preterm delivery. Also, the baby was deprived of oxygen for 6 minutes because of the head entrapment and umbilical cord occlusion, which caused hemorrhaging in the brain.

**Doctor's defense** There was no negligence. The baby's problems developed before birth.

**Verdict** A \$2,890,000 verdict. ■

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