Bleeding mother is transferred, but her baby is stillborn

A WOMAN 8 MONTHS PREGNANT called 911 when she experienced vaginal bleeding due to placental abruption. She was taken to the emergency room, where the ER physician evaluated her and judged her condition to be stable. He ordered transfer to another hospital. She continued to bleed during the transfer, and her child was delivered stillborn after arrival at the receiving hospital.

▸ **PATIENT'S CLAIM** The ER physician was negligent for failing to recognize the need for an emergency cesarean delivery. Also, the hospital violated EMTALA—the Emergency Medical Treatment and Active Labor Act—because she was not stable.

▸ **PHYSICIAN'S DEFENSE** The patient was properly assessed and was stable.

▸ **VERDICT** $1,674,000 Iowa verdict. Fault was assessed 70% to the hospital and 30% to the physician.

Hysterectomy to blame for loss of second ovary?

A 41-YEAR-OLD PATIENT had previously undergone laparoscopy and endometrial ablation to treat her abnormal uterine bleeding and pelvic pain. She visited her ObGyn when the symptoms returned. Testing, including ultrasonography, was negative, but she continued to suffer occasional bleeding and pain for 20 months. At that time, the ObGyn performed a hysterectomy and removed the right ovary. Five months later, the left ovary was removed also.

▸ **PATIENT'S CLAIM** The physician was negligent for performing an unnecessary hysterectomy. Also, if she had not had the hysterectomy, she would not have lost the left ovary. She denied that she agreed to have the hysterectomy.

▸ **PHYSICIAN'S DEFENSE** He offered the patient multiple diagnostic and treatment options when ultrasonography detected an endometrial abnormality. The patient chose hysterectomy.

▸ **VERDICT** Kansas defense verdict.

To learn more about chronic pelvic pain, read Dr. Fred Howard's article on page 27

Misplaced sutures in hysterectomy lead to death

DURING A HYSTERECTOMY performed on a 51-year-old woman, sutures were allegedly inserted into the rectum and bladder. Within days of surgery, pelvic abscesses developed. Upon diagnosis, the patient was transferred to another hospital. A second surgery was unsuccessful, and the patient died 3 weeks after the original procedure.

▸ **PLAINTIFF'S CLAIM** The postoperative complications should have been diagnosed days earlier.

▸ **PHYSICIAN'S DEFENSE** The surgeon claimed that the attending physician was responsible for the delay in diagnosis. He also claimed that the patient's family did not allow follow-up surgery to determine or treat the complications.

▸ **VERDICT** Utah defense verdict for the surgeon. Confidential settlement with the attending physician and the hospital prior to trial.

Did amniotomy cause cord prolapse and infant's problems?

A WOMAN IN LABOR AT FULL TERM presented at the hospital for delivery. Labor progressed normally, and the physicians performed an amniotomy. Prolapse of the umbilical cord occurred, and a cesarean delivery was performed about an hour later. The child suffered asphyxia, leading to brain damage with cognitive delays and mental retardation.

▸ **PATIENT'S CLAIM** The physicians were negligent for (1) performing the amniotomy before determining that the fetal head was engaged in the bony pelvis; (2) failing to recognize cord prolapse in a timely manner; and (3) failing to perform a timely cesarean delivery.

▸ **PHYSICIAN'S DEFENSE** The amniotomy was indicated because the fetal heart tones showed unexplained prolonged decelerations. Also, the child's condition was unrelated to labor and delivery, because the child had no motor impairments.

▸ **VERDICT** $500,000 Michigan settlement.

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