

Disrupted placenta: Infant anemia

AN OBGYN RECOMMENDED an elective transverse low incision cesarean delivery at a prenatal visit. Due to severe weather, the ObGyn was unable to come to the hospital; an on-call ObGyn consulted with the ObGyn by phone. Cesarean delivery resulted in disruption of the placenta. When the infant's blood gasses test results were abnormal, he was transferred to the neonatal intensive care unit, where anemia was diagnosed. The infant was hospitalized for 31 days.

▶ **PARENTS' CLAIM:** The on-call ObGyn caused the child's injury by performing a transverse low incision. A testifying radiology expert said that ultrasonography (US) taken 5 weeks before delivery showed an anterior low-lying placenta but a clear field existed that would have allowed a vertical incision without placental disruption.

▶ **PHYSICIAN'S DEFENSE:** The delivery was within the standard of care. The ObGyn did not have access to the US cited by the testifying radiologist; standard of care did not require that she have access to them. A transverse incision minimizes blood loss; a vertical incision would have disrupted a larger area of placenta. The infant had normal blood gasses at delivery; any injury was not related to placental disruption.

▶ **VERDICT:** A Virginia defense verdict was returned.

Child has spastic CP after long labor

A 17-YEAR-OLD WOMAN'S BABY was delivered using vacuum extraction after a prolonged labor. Two days after birth, US results revealed diffuse brain edema in the baby. Magnetic

resonance imaging demonstrated an absence of brain parenchyma in the left and right hemispheres. The baby received a diagnosis of spastic cerebral palsy (CP). She has little voluntary movement and requires a feeding tube, a portable aspiration device, and in-home attendant care.

▶ **PARENT'S CLAIM:** The baby underwent a hypoxic ischemic event during labor. Four hospital physicians failed to deliver the child early when repetitive decelerations and strong contractions with an insufficient resting period were detected in the second stage of labor. This denied oxygen to the infant, resulting in profound brain damage. The infant's injury occurred shortly before delivery.

▶ **DEFENDANTS' DEFENSE:** The fetus did not have a fetal heart rate pattern that would have required an earlier delivery. The injury sustained by the baby was not compatible with a prolonged hypoxic event and was more likely caused by a genetic defect. The infant suffered a subacute brain injury at least 1 week before delivery.

▶ **VERDICT:** The hospital settled for \$1.25 million. A California defense verdict was returned for the physicians.

Misdiagnosed ectopic pregnancy

AFTER A HOME PREGNANCY TEST was positive, a 27-year-old woman reported vaginal spotting and cramping to her ObGyn. When no uterine contents showed on US, the ObGyn suspected an ectopic pregnancy and recommended termination of pregnancy. The woman requested another US; an appointment was scheduled for the next day. Instead of waiting, the woman went to an emergency department (ED) that night. Bloodwork confirmed the pregnancy but US

results showed no evidence of an intrauterine pregnancy. The ED physician diagnosed an ectopic pregnancy. The on-call ObGyn concurred and recommended termination of pregnancy by surgical intervention or methotrexate. The patient chose methotrexate, which was administered, and she was discharged.

In the on-call ObGyn's office a week later, the patient's beta-hCG levels had not decreased. US revealed 2 intrauterine pregnancies, one with a heartbeat. The on-call ObGyn immediately referred the patient to a maternal-fetal medicine specialist. New US results showed evidence of an abnormal intrauterine pregnancy and a second gestational sac with no embryo. Two days later US showed a twin pregnancy: a 6-week fetal pole with no heartbeat and the other with no fetal pole or yolk sac. A dilation and curettage was performed.

▶ **PARENTS' CLAIM:** The on-call ObGyn misdiagnosed an ectopic pregnancy, failed to order additional testing, and failed to observe the patient for 48 to 72 hours before administering methotrexate. This led to the loss of twins.

▶ **DEFENDANTS' DEFENSE:** An ectopic pregnancy is an emergency that requires prompt diagnosis and treatment. There were sufficient signs for the on-call ObGyn to diagnose an ectopic pregnancy. She would have violated the standard of care if she had not administered treatment.

▶ **VERDICT:** The hospital settled for \$127,000 before trial. An Illinois defense verdict was returned. 🟡

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