

Delayed strep A diagnosis blamed for maternal death

Lucas County (Ohio) Court of Common Pleas

A 27-year-old woman was admitted to the hospital for a scheduled cesarean, which resulted in a normal delivery. The following evening, the patient developed a fever and a drop in blood pressure. The next morning it was noted that she had a severe left shift in her white blood count (WBC). After diagnosing group A sepsis, the physician administered an antibiotic. The woman then went into a coma and died 5 days later.

In suing, the woman's family alleged that the physician failed to diagnose and treat her condition in a timely fashion, delaying diagnosis for 6 hours and antibiotic treatment for 8 hours.

The obstetrician contended that this type of aggressive infection was rare and usually fatal.

- The case settled for \$1.5 million.

Hysterectomy interrupts desired pregnancy

Unknown County (Minn) District Court

Following a long history of irregular and painful menses, along with more than 20 years of infertility, a 43-year-old woman presented to the hospital for a dilatation and curettage (D&C) and a hysterectomy.

The endometrial specimen obtained by curettage demonstrated decidualized benign endometrium at frozen section—a finding consistent with pregnancy. However, the pathologist did not find chorionic villi. The surgeon continued with the hysterectomy and discovered a fetus of approximately 12 weeks' gestation. The postoperative pathology report

of the uterus confirmed well-developed chorionic villi. In addition, the fetus, placenta, and umbilical cord were normal.

In suing, the patient claimed that a pregnancy test is required prior to a hysterectomy in all women of reproductive age, regardless of a history of infertility. Further, she contended that when the physician discovered an enlarged uterus, the procedure should have been discontinued. Had these standard practices been followed, she added, she may have delivered a viable infant.

The physician argued that given the patient's history of infertility, along with menstruation 3 to 4 weeks prior to the surgery, a preoperative pregnancy test was not required. In addition, because chorionic villi were not found on frozen section, it was well within the standard of care to proceed with the hysterectomy.

- The case settled for \$160,000.

Did abortifacient injection cause death?

Milwaukee County (Wis) Circuit Court

At 16 weeks' gestation, a woman's fetus was diagnosed with Down syndrome. Consequently, she arranged for an abortion with her Ob/Gyn. The physician performed the abortion by injecting prostaglandin into the amniotic cavity. The woman immediately complained of "burning up all over." Despite this complaint, the physician continued with the injection. A short time afterward, the woman lost consciousness and died 36 hours later from heart failure.

In suing, the woman's family contended that because the procedure was not guided by



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ultrasound, the doctor failed to direct the injection into the patient's womb and instead hit a blood vessel. This caused the abortifacient chemicals to travel to her heart, resulting in cardiac arrest.

The physician argued that the woman suffered an amniotic embolism, which caused her death.

- The jury returned a verdict for the defense.

Did inadequate placenta removal lead to infertility?

Cook County (Ill) Circuit Court

In 1992, a woman presented to the hospital with severe preeclampsia. An Ob/Gyn performed a cesarean and discovered that the placenta was fragmented and adherent, requiring manual removal and curettage. Postpartum recovery was routine with no unusual bleeding.

From January 1993 to June 1994, the patient took oral contraceptives (OCs) until she experienced scant and irregular menstruation. She was

then referred to a reproductive endocrinologist who attempted hormone treatment and ordered tests to determine the cause of the amenorrhea. The radiologist interpreted a hysterosalpingogram as abnormal.

A follow-up hysteroscopy revealed Asherman's syndrome, but further testing ruled out cancer.

In 1997 she was diagnosed with cervical dysplasia and in 1998 underwent an elective hysterectomy.

In suing, the patient alleged that she lost her fertility due to the doctor's negligence during the cesarean delivery.

The physician contended that the woman suffered from a partial placenta accreta during her first pregnancy, resulting in her infertility.

- The jury returned a verdict for the defense.

Did ignoring nonreassuring FHR cause encephalopathy?

Dallas County (Tex) District Court

A woman presented to the hospital for delivery. During labor, fetal monitors revealed a nonreassuring fetal heart rate (FHR). As a result, the baby was delivered via emergency cesarean section. At birth, the infant had no heart rate and was apneic, asystolic, cyanotic, and flaccid. He now suffers from static encephalopathy.

In suing, the mother alleged that the hospital and nursing staff were negligent in monitoring the fetus and ignored the presence of a nonreassuring FHR.

The physicians and nurses argued that they acted within the standard of care and that the infant's birth injuries were a result of a maternal infection and gestational diabetes.

- The case settled for \$11 million.

Myomectomy leads to removal of uterus

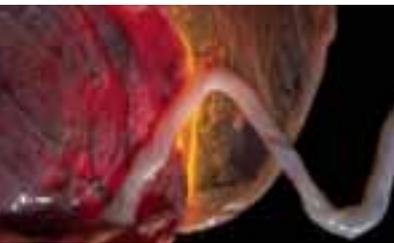
Fulton County (Ga) Superior Court

Following a diagnosis of uterine fibroids, a 35-year-old woman presented to her Ob/Gyn for a laparoscopic myomectomy. During the procedure, the physician encountered uncontrollable bleeding. In an effort to stop the hemorrhaging, she decided to perform a hysterectomy.

In suing, the woman claimed that the physician was unqualified to perform the laparoscopic myomectomy and fraudulently represented her credentials. She added that the Ob/Gyn did not perform the procedure properly, which led her to switch to a hysterectomy.

The physician contended that she was indeed qualified to conduct a laparoscopic myomectomy and that she did perform it properly. In addition, the doctor claimed she informed the patient of the potential risks of the technique, including bleeding.

- The jury returned a verdict for the defense.



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Allergic reaction to contrast dye results in maternal death

Cuyahoga County (Ohio) Court of Common Pleas

A 31-year-old gravida presented to her obstetrician in her first few weeks of pregnancy with hyperemesis gravidarum. The physician treated her with central line hyperalimentation on an outpatient basis. At 17 weeks, the woman suffered a spontaneous abortion. One week later, she presented to the hospital with shortness of breath and a rapid heartbeat. A computed tomography (CT) scan was performed to rule out a pulmonary embolism. During the procedure, the patient went into cardiac arrest and died. An autopsy revealed an allergic reaction to the contrast dye.

In suing, the patient's family argued that the hospital staff failed to admit the gravida when she initially presented with hyperemesis gravidarum, causing her to become malnourished and thiamin deficient, which ultimately resulted in her death.

The hospital claimed that the woman died unexpectedly from an allergic reaction to the contrast material used during the CT scan.

■ The case settled for \$4.75 million.

Mother questions role of seizures in cerebral palsy

District of Columbia (DC) Superior Court

When a 33-year-old woman with a history of epilepsy and grand mal seizures became pregnant, she sought care from an Ob/Gyn and a neurologist to keep her free of seizures during the pregnancy. However, due to recurrent seizures late in the gestation, the patient underwent an emergency cesarean delivery. The infant was born with mild cerebral palsy, motor skill deficits, learning impairment, and language and speech delays.

Also, during delivery the physicians discovered that the woman had suffered bilateral hip fractures when she fell during an epileptic

seizure, necessitating hip replacement surgery.

In suing, the woman claimed that the infant's neurological damage was a result of hypoxic ischemia in utero while the mother was seizing. Further, she alleged that the physicians failed to diagnose her hip fractures in a timely fashion.

The doctors contended that the patient did not consistently take her seizure medication. In addition, they claimed, the infant's brain damage was not caused by the seizures because the fetal heart rate tracings were normal throughout the pregnancy.

■ The case settled for \$3.5 million.

The cases presented here were compiled by Lewis L. Laska, editor of Medical Malpractice Verdicts, Settlements & Experts. While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation.

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