

Nurses question FHR tracing

Hennepin County (Minn) District Court

A 26-year-old woman at term presented to a hospital with ruptured membranes and clear amniotic fluid. The physician ordered oxytocin, but over the next 5 hours nurses twice halted its administration and contacted the obstetrician due to concerns regarding the fetal heart rate (FHR) tracing. Both times, oxytocin was resumed.

The physician reviewed the fetal monitoring strips after the second cessation, but when nurses called again approximately 1 hour later, opted not to review the strips and instructed the nursing staff to proceed as planned.

A vaginal exam 1 hour later revealed meconium, and fetal monitoring showed a 3-minute deceleration with a fetal heart rate in the 50s. The defendant ordered amnioinfusion and, following evidence of late variables, placed a scalp electrode.

Half an hour later the mother was fully dilated and began pushing, but dystocia was encountered, leading to 3 unsuccessful vacuum extraction attempts. Delivery was switched to cesarean. The child—born with Apgar scores of 1, 4, and 4—was diagnosed with hypoxic ischemic encephalopathy and is now in a vegetative state.

In suing, the plaintiff argued the physician should have halted oxytocin administration and delivered the child sooner.

The defendant claimed the child's injuries stemmed from a sudden event

immediately before delivery that could be neither predicted nor avoided.

- The case settled for \$3.2 million.

No Ob available for shoulder dystocia

Undisclosed County (Va) Court

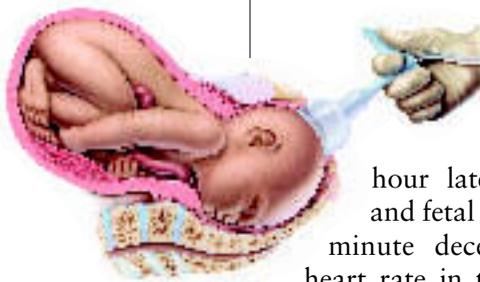
By 37 weeks' gestation, a woman who experienced shoulder dystocia and macrosomia with her first pregnancy had a 56-pound weight gain and an estimated fetal weight of greater than 8 pounds. Despite a request for cesarean delivery, she was scheduled for labor induction at 38 weeks.

Due to the complications with her first child, both a midwife and obstetrician were slated to be present for the delivery. At the time of the scheduled induction, however, the physician was investigating psychiatric care for his wife, and asked another obstetrician to cover. That physician, however, was available only for portions of the day in question. None of these changes were communicated to the mother.

Despite an awareness of the Ob scheduling problems, the midwife proceeded with the induction; delivery was complicated by shoulder dystocia. With no obstetrician available, the midwife performed the McRoberts and Wood's maneuvers. The infant was born with Erb palsy and loss of function in her left arm.

The plaintiffs sued the scheduled obstetrician, claiming he did not arrange for adequate coverage. They also named the midwife, alleging she failed to ensure an obstetrician was present for delivery and that she used excessive force in attempting to dislodge the child's shoulder.

- The jury awarded the plaintiffs \$3.09 million.



Nonstress test misread, call to Ob delayed

Undisclosed County (Calif) Court

Following a nonstress test for fetal well-being, a 20-year-old woman at 37 weeks' gestation was discharged from a hospital. She called 6 days later, noting decreased fetal movement, and returned to the hospital the following day; fetal monitoring revealed a nonreassuring heart rate tracing.

Rather than contact the physician on duty, a nurse called the defendant attending obstetrician, who arrived approximately 30 minutes later. Three hours passed before a cesarean delivery was ordered, and another 1 hour before the child was delivered. His Apgar scores at birth were 0 and 0; he now suffers developmental delay, as well as inability to walk or feed himself.

It was revealed at trial that the nonstress test at 37 weeks showed a sinusoidal pattern, which the plaintiffs claimed the nurse failed to recognize. The plaintiffs argued that the staff should have called an obstetrician immediately upon inspection of the fetal heart rate tracing.

The hospital claimed nurses acted appropriately, and charged that any negligence was that of the defendant physician.

- The plaintiff was awarded a \$16 million default judgment against the obstetrician. The hospital settled for \$1.4 million.

Trichloroacetic acid used at colposcopy

Cobb County (Ga) State Court

During a colposcopy, a 24-year-old woman experienced a severely painful burning sensation, prompting the physician to halt the procedure. Investigation revealed the medical assistant had handed the physician trichloroacetic acid rather than acetic acid with which to swab the cervix.

This error, according to the plaintiff, led to vaginal burns, permanent injury to nerves inside the vaginal wall, and chronic painful spasms during intercourse.

The patient sued the gynecologist, citing negligence in not checking the bottle of solution prior to application; the medical assistant, for supplying the doctor with the wrong chemical; and the health plan that employed the assistant.

The physician argued it was the medical assistant's responsibility to have proper materials ready for the procedure.

The assistant claimed that infection and other problems present prior to the colposcopy—not the trichloroacetic acid—caused the patients' injuries.

- The jury returned a defense verdict for the obstetrician, and awarded the plaintiff \$500,000 against the medical assistant and the health plan.

Ectopic rupture death: Due to deficient care?

Lucas County (Ohio) Court of Common Pleas

A woman in her early 20s presented to her Ob/Gyn due to suspected pregnancy, which the physician confirmed. Six weeks later, the woman suffered a ruptured ectopic pregnancy and died due to blood loss.

The woman's family claimed the doctor did not adequately counsel the patient on the risks of pregnancy, and failed to ensure she received proper follow-up care. They accused the defendant of altering the woman's medical record.

The defendant maintained that the patient said she would seek an abortion, and denied tampering the woman's records.

- The jury returned a defense verdict. ■



Ectopic pregnancy

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.