Vacuum extraction for shoulder dystocia

A 28-year-old woman in labor presented at the hospital. While delivering her child, the ObGyn encountered shoulder dystocia and proceeded to use vacuum extraction. Diagnosed with Erb's palsy, the child has undergone physical and occupational therapy and is now doing well.

Patient's claim The ObGyn did not manage the shoulder dystocia properly. Vacuum extraction, which was not needed, was performed by an inexperienced assisting physician after shoulder dystocia had occurred. Asymmetry of the child's chest, as well as arm length discrepancy, will increase as the child grows.

Doctor's defense Vacuum extraction was used to alleviate stress on the infant, who had mitral valve prolapse. The assisting physician was directly observed and supervised by the ObGyn, who was performing the McRoberts maneuver.

Verdict New York defense verdict.

Monochorionic monoamniotic twin dies

A 29-year-old woman pregnant with monochorionic, monoamniotic twins was admitted to the hospital when she went into premature labor. Despite her request for delivery, the ObGyn decided to delay delivery and administered terbutaline. Five days later, the twins were delivered: one healthy, the other stillborn.

Patient's claim Delivery should have occurred earlier, before the one fetus had died.

Doctor's defense Unpredictable and unpreventable complications of the pregnancy caused the stillbirth.

Verdict $487,000 Indiana verdict. An appeal was pending.

For more on twin gestations, see the cover article by Victoria Belogolovkin, MD, and Joanne Stone, MD, **on page 66**

Oversized head went unnoticed despite US

A woman in her 17th week of pregnancy underwent ultrasonography (US) with radiologist A to check for a fetal heartbeat and to confirm both the presence of the fetus in the uterus and a single pregnancy. She also underwent a blood test for Down's syndrome, Trisomy 18, and neural tube defects. All tests were normal. At her next appointment, radiologist B used US to verify the sex of the fetus. The remainder of her pregnancy passed without incident. The child was delivered by cesarean section and had a grossly enlarged head and other congenital defects. An MRI 2 days later showed the right hemisphere of the brain to be huge with a severely abnormal structure. The child had multiple brain surgeries but continues to suffer from intractable seizures. He is severely retarded and has been diagnosed with Proteus syndrome, also known as Elephant Man syndrome.

Patient's claim Instead of limited US on 2 occasions (which led her to believe the fetus was normal), a full US should have been done. This would have allowed the brain abnormalities to be diagnosed while there was still time for a legal abortion. During the second US, Dr. B noted that the baby had a big head. The sonogram taken by Dr. A showed the early stages of disease, and if Dr. B had taken one during the second US, the dramatic difference in head size would have been evident. She denied that she requested the second US to verify the sex.

CONTINUED

Doctor's defense Dr. A claimed he tells all patients that US does not look for fetal anatomical abnormalities and that they can be referred to a perinatologist for that information. Dr. B claimed the second US was only to verify the sex. Both denied liability, claiming that the child's disorder is very rare and a full US was not needed. Also, a diagnosis might not have been made, and it was unlikely the fetus would have been aborted.
Verdict California defense verdict.

Small bowel is injured in repeat C-section

A 25-year-old woman underwent a second cesarean section performed by the same OB who had handled her first cesarean section 3 years earlier. During the second procedure, the small bowel was perforated, requiring emergency intraoperative corrective surgery.
Patient's claim She lost 3 inches of her small bowel and suffers severe intermittent diarrhea, pain, and a partial bowel obstruction.
Doctor's defense The woman's problems predated the cesarean section. She was not under a doctor's care or taking medication, and she had not been hospitalized since the corrective surgery. Bowel perforation, a known risk, was complicated by a bowel loop adherent to the abdominal rectus muscle. Also, the woman was not a candidate for vaginal delivery because of her history: colostomy, blood transfusions, digestive problems, and failure to progress in the first pregnancy.
Verdict New York defense verdict.

Why a hysterectomy and not another D&C?

A 72-year-old woman with a uterine polyp presented at the hospital for a dilation and curettage (D&C) procedure. Because of her stenotic cervix, which was abnormally constructed, the physician discontinued the surgery after trying unsuccessfully to dilate the cervix. The patient later underwent abdominal hysterectomy and developed incontinence and constant pelvic pain.

Patient's claim The hysterectomy was unnecessary and lacked informed consent. The physician said she had cancer and would die without the hysterectomy, but cancer was not found. A repeat D&C was warranted.
Doctor's defense He stopped the original surgery because he didn't want to perforate the bowel; he never told the patient she had cancer; and a simple hysterectomy cannot cause incontinence.
Verdict New York defense verdict.

FP, not OB, delivers severely injured child

A woman hospitalized at 38 weeks' gestation—with high blood pressure and at risk for toxemia—was diagnosed with pregnancy-induced hypertension (PIH). Fetal monitoring showed the fetus to be stable. The woman was given magnesium sulfate for the PIH, misoprostol and oxytocin to induce and augment labor, and an epidural. After decelerations were noted the following evening, amnioinfusion was ordered. Scalp stimulation 3 hours later yielded no response. Oxygen saturation of the fetus was normal. Oxytocin was increased, and the infant was delivered several hours later, but required 10 minutes of resuscitation before it began breathing. The diagnosis was severe hypoxic–ischemic encephalopathy, and the child requires a ventilator and tube feeding.
Patient's claim The family practice physician should have transferred care to an obstetrician, and a cesarean section should have been performed.
Doctor's defense Not reported.
Verdict Mediated California settlement: $3.4 million from the hospital, $100,000 from the obstetrical group, and $1.5 million from an unidentified defendant. ■

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, Nashville, Tenn (www.verdictslaska.com). The available information about the cases is sometimes incomplete; pertinent details may be unavailable. Moreover, the cases may or may not have merit. Still, these cases represent types of clinical situations that may result in litigation and are meant to illustrate variation in verdicts and awards. Any illustrations are generic and do not represent a specific legal case.