Difficult birth blamed for death at 1 year

A woman in labor had been pushing for 10 minutes when her OB began using a vacuum extractor to facilitate delivery. Shoulder dystocia occurred. The OB applied fundal pressure while a second physician dislodged the infant. At birth, the child was not breathing and had no heart rate. One year later, the child died because of birth-related complications.

Patient's claim She never gave consent to use the vacuum extractor. The OB used fundal pressure at least twice before the infant's head emerged.

Doctor's defense There was no negligence.

Verdict $8,181,725 Maryland verdict, which included $7.5 million in noneconomic damages. The latter was expected to be reduced to $2.2 million pursuant to the statutory cap.

Genetic testing fails to detect Fabry's disease

Unable to become pregnant despite trying for over 2 years, a woman decided on in vitro fertilization. A genetics consultation determined that she was a carrier for Fabry's disease. Eggs and sperm were harvested and resulted in six fertilized embryos. It was recommended that each embryo be tested genetically by polymerase chain reaction (PCR). On day 3, single-cell biopsies were performed on the six developing embryos and the cells sent to a lab for PCR testing. Two embryos were found to be carriers of the mutation; two others were males with Fabry's disease; and no results were obtained from the last two. Pregnancy occurred when the female carrier embryos were implanted. Ultrasonography showed the fetus to be male, a blood test suggested risk of Down's syndrome, and amniocentesis indicated the fetus had Fabry's disease. When the child was born, Fabry's disease was confirmed.

Patient's claim The fertility center was negligent for misrepresenting its experience with preimplantation genetic diagnosis. The lab failed to take precautions to avoid contamination and also failed to have a second person check that sample switching did not occur.

Doctor's defense There was no evidence that samples were switched or that DNA contamination occurred during the testing and implantation. More likely, the problem was due to an unknown failure in the PCR testing technology, unavoidable DNA contamination, or mosaicism of the embryo tested.

Verdict California defense verdict.

Did surgery—or drugs—cause incontinence?

An ObGyn performed surgery on a 41-year-old woman with urinary incontinence to correct a cystocele. The patient developed chronic retention of urine and needed corrective surgery. She was referred to a urologist. All tests were normal, and she eventually had stoma surgery to allow her to empty her bladder with a catheter through the stoma.

Patient's claim The surgery was premature and unnecessary, and the ObGyn used a negligent operative technique that led to chronic urinary retention and the need for a permanent stoma. Conservative treatment should have been used first.

Doctor's defense Because of the anatom-

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ic cause of the patient's stress urinary incontinence, surgery was necessary—and performed properly. Urinary retention was unrelated to the surgery, as cystoscopies showed there was no obstruction in the bladder or urethra. The patient's psychiatric medication may have led to neurogenic bladder failure and her problems.

Verdict Virginia defense verdict.

Obese woman's TAH incision heals—in a year

A 300-lb woman who had experienced intermittent heavy uterine bleeding for years underwent an open total abdominal hysterectomy (TAH), performed by an ObGyn. Bowel contents leaked into the abdominal wall, causing a wound infection that required several more procedures to repair the bowel and remove necrotic tissue from the abdomen. After 3 weeks in the hospital, the patient was discharged, but the surgical incision required about 1 year to heal completely. She has a 21-inch scar from hip to hip.

Patient's claim The bowel was stitched to the peritoneum when the incision was closed, and the ObGyn failed to notice the error. The suture caused bowel contents to leak, causing the infection and need for further procedures.

Doctor's defense Proper precautions were taken to avoid bowel injury, but it is a risk nonetheless of TAH—which the patient chose rather than a less invasive alternative. Her bowel was densely adhered to the peritoneum because of previous abdominal surgeries, making it impossible to distinguish bowel tissue from peritoneum when the incision was being closed.

Verdict Missouri defense verdict; an appeal was expected. ■