

## Sterilized woman skips f/u HSG test, becomes pregnant

**A 31-YEAR-OLD MOTHER OF THREE** underwent a hysteroscopic tubal sterilization procedure because she wanted to avoid pregnancy. She neglected to return 3 months later for a hysterosalpingogram (HSG) to determine whether the procedure was effective. A few months after that, she discovered she was pregnant.

▶ **PATIENT'S CLAIM** The physician was negligent for failing to inform her that postoperative testing was necessary, and importantly, to confirm her inability to become pregnant. He also failed to advise her to use alternative contraceptive methods.

▶ **PHYSICIAN'S DEFENSE** The patient was told several times that the HSG test was needed and important, and that she should use alternative contraception. Also, five appointments were scheduled for her to have the HSG test, but each time she either canceled or failed to come for the test.

▶ **VERDICT** Connecticut defense verdict.

## Preeclampsia leads to infant's death and 24/7 care for mother

**A WOMAN AT 30 WEEKS' GESTATION** complained of headaches to her ObGyn during a routine examination. Her blood pressure, although

*These cases were selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska (www.verdictslaska.com). The information available to the editors about the cases presented here is sometimes incomplete. Moreover, the cases may or may not have merit. Nevertheless, these cases represent the types of clinical situations that typically result in litigation and are meant to illustrate nationwide variation in jury verdicts and awards.*

within normal limits, was above her baseline level, and a dipstick urine demonstrated proteinuria. The next morning, she had a seizure and was taken to the hospital. Preeclampsia was diagnosed. An emergent cesarean delivery was performed. The infant, who suffered neurologic impairments, died at 18 months. The mother was hospitalized for 7 months due to hypoxia-induced neurologic injuries, sepsis, lung problems, a ministroke, and a second hypoxic episode. Wheelchair-bound, she is speech-impaired and requires 24-hour care.

▶ **PATIENT'S CLAIM** The ObGyn's failure to diagnose preeclampsia was negligent.

▶ **PHYSICIAN'S DEFENSE** The patient showed no signs of preeclampsia. Despite protein in her urine and elevated blood pressure, the levels were not in a range indicating preeclampsia.

▶ **VERDICT** South Carolina defense verdict.

## Did emboli in utero from deceased twin cause other twin's postnatal problems?

**A WOMAN PREGNANT WITH TWINS** was admitted to the hospital because of premature contractions. Tests performed 3 weeks later indicated the intrauterine demise of one twin. The other twin showed signs of distress 8 days later and was delivered by cesarean later that day. The infant experienced hypoxic-ischemic brain damage, which caused severe mental retardation, cerebral palsy, and spastic quadriplegia.

▶ **PATIENT'S CLAIM** Prior to delivery, emboli of thromboplastin material

from the deceased fetus traveled to the surviving fetus, contributing to that fetus's injuries. The delivery should have been performed sooner.

▶ **PHYSICIAN'S DEFENSE** The plaintiff's proposed theory for the injuries was not supported scientifically.

▶ **VERDICT** All defendants except the hospital settled for a total of \$1.5 million prior to trial. A \$4 million Florida verdict against the hospital for injuries to the surviving twin was reduced to \$2.95 million.

## Was excessive force applied in case of shoulder dystocia?

**THE OBGYN WHO HAD PROVIDED ALL PRENATAL CARE** encountered shoulder dystocia during the infant's delivery. The problem was resolved with the McRoberts maneuver with suprapubic pressure, the Wood's screw maneuver, and attempted delivery of the posterior arm. Born with a severe left brachial plexus injury, the child underwent surgery but still has limited use of his left arm and hand.

▶ **PATIENT'S CLAIM** Among relatives present at the delivery were two nurses. They testified at the trial that the physician used excessive downward lateral traction and also allowed a nurse to apply fundal pressure.

▶ **PHYSICIAN'S DEFENSE** Shoulder dystocia was unexpected, excessive traction was not used, and once dystocia was evident, fundal pressure was not used.

▶ **VERDICT** \$80,000 Illinois settlement with the hospital prior to trial. Although the jury delivered a defense verdict for the physician, a \$1,000,000/\$200,000 high/low agreement was in place. ☺