



Hemorrhage, death follow placenta percreta

A 30-YEAR-OLD WOMAN WAS ADMITTED TO THE HOSPITAL for cesarean delivery of a stillborn child at 6 months' gestation. The patient was known to have placenta previa.

After delivery and attempted removal of the placenta, she began to hemorrhage profusely. It was determined that the placenta had grown through the uterine wall and into the bladder.

Despite attempts to control bleeding surgically, she continued to hemorrhage, suffered cardiopulmonary arrest, and could not be resuscitated.

▶ **ESTATE'S CLAIM** The obstetrician who performed the delivery was negligent in failing to diagnose placenta percreta. Both the OB and the nurse-anesthetist should have been able to assess and control the bleeding.

The hospital failed to deliver blood products to the operating room in a timely manner, thereby contributing to the patient's death.

▶ **DEFENDANTS' DEFENSE** The patient's condition was managed appropriately. Everything was done to resuscitate her in a timely and proper fashion.

▶ **VERDICT** The estate settled with the OB and nurse-anesthetist for an undisclosed amount. A \$2,124,200 Texas verdict was returned against the hospital.

Brachial paralysis in 11 lb, 5 oz newborn

A WOMAN HAD RISK FACTORS for a macrosomic fetus, including obesity before pregnancy, excessive weight gain during pregnancy, and small stature. Before delivery, the OB estimated the fetal weight to be as much as 10 lb.

Shoulder dystocia was encountered during delivery. The baby weighed 11 lb, 5 oz at birth. A diagnosis of brachial plexus injury was made.

▶ **PATIENTS' CLAIM** The child's right arm is paralyzed. He has undergone

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three surgeries and continues to require physical therapy.

The mother was never told of the risks of vaginal delivery, including shoulder dystocia and brachial plexus injury. She should have been offered cesarean delivery.

The OB applied inappropriate traction to the baby's head and neck during delivery.

▶ **PHYSICIAN'S DEFENSE** There is no requirement to tell the mother all the risks of childbirth because they are too numerous and too frightening. Shoulder dystocia was appropriately treated.

▶ **VERDICT** A \$3.27 million Illinois verdict was returned.

Twins die after premature birth

A WOMAN PREGNANT WITH TWINS had a history of incompetent cervix. Her

OB performed cervical cerclage in May.

At 26 weeks' gestation, the mother experienced preterm contractions. She went to the hospital, where she was examined and discharged.

Three days later, the cerclage tore, and she gave birth vaginally. The twins suffered from respiratory distress syndrome, hyaline membrane disease, and intraventricular hemorrhage. One twin died in October; the other, the following May.

▶ **PATIENT'S CLAIM** She should have been admitted when contractions began, to be monitored and given antenatal steroids and medication to control contractions. After cervical cerclage tore, the OB should have performed transabdominal cerclage.

▶ **PHYSICIAN'S DEFENSE** The OB denied negligence.

▶ **VERDICT** A \$160,000 Michigan settlement was reached.

Bowel injury during tubal ligation

AFTER A VAGINAL DELIVERY of a healthy child, a 28-year-old woman's OB performed laparoscopic bilateral tubal ligation.

Several days later, she suffered bowel obstruction. Exploratory laparotomy revealed that a suture had injured the bowel; a portion was resected. The woman made a complete recovery.

▶ **PATIENT'S CLAIM** The OB was negligent for **1)** passing suture into bowel and **2)** not checking to ensure there were no injuries after tubal ligation.

▶ **PHYSICIAN'S DEFENSE** Inadvertent suturing of bowel is a recognized complication of laparoscopic tubal ligation.

▶ **VERDICT** A Tennessee defense verdict was returned. ☹