

She wanted to labor on hands and knees

DURING PRENATAL VISITS, a woman, pregnant with her fourth child, discussed undergoing labor and delivery in any position other than on her back; the ObGyn agreed. When she arrived at the hospital in labor, the patient told the nurse that she preferred to labor on her hands and knees. The nurse disagreed because of the fetal heart-rate monitor.

When the patient began hard labor, she turned herself over onto her hands and knees and again informed the nurse that she could not labor on her back. The nurse flipped the patient onto her back by taking her wrists and pulling the patient's hands out from under her. The nurse then delayed delivery until the ObGyn arrived by putting pressure on the baby's head. During delivery, a second nurse forcibly pressed the patient's left knee back toward her chest, leaving her legs in an asymmetric position.

Two months later, the patient reported chronic severe pelvic pain and was found to have pudendal neuralgia. She underwent nerve blocks and takes medication for chronic pain.

▶ **PATIENT'S CLAIM:** The ObGyn did not assume responsibility when he arrived for the delivery. The nurses did not follow the standard of care. The patient's injury was the result of tension and compression due to malpositioning of the patient's legs during delivery.

▶ **DEFENDANTS' DEFENSE:** There was no breach in the standard of care. The patient's injury, if any, had not been caused by the delivery.

▶ **VERDICT:** A \$16 million Alabama verdict was returned.

Late-term abortion: \$1.4M award

ALTHOUGH GENETIC TESTING was scheduled for a 37-year-old woman's 15-week prenatal visit, the ObGyn's staff failed to draw blood. At 19 weeks' gestation (April 24), blood was drawn. The ObGyn signed off on test results that showed a high risk for fetal anomaly on May 2, but the patient was not informed until May 22. The ObGyn scheduled amniocentesis for June 3. On May 30, the hospital, based in Illinois, cancelled the test, telling the ObGyn that it was because the patient was over 24 weeks' pregnant and there was no labor and delivery unit to respond if complications arose. Instead of notifying the patient, the ObGyn arranged for amniocentesis to be performed elsewhere on June 3. The ObGyn saw the amniocentesis results on June 13, but did not tell the patient until July 3, when he advised her to terminate the pregnancy because the baby had severe cardiac defects and Down syndrome; he felt the child would not survive or have very poor quality of life. The ObGyn arranged for the patient to undergo a third-trimester abortion in Kansas and paid all expenses. On July 14, the patient began the 5-day abortion process at 30+ weeks' gestation.

▶ **PATIENT'S CLAIM:** She was never offered additional genetic testing or expedited amniocentesis. She was not told that abortion is illegal in Illinois after 23 6/7 weeks' gestation. The ObGyn had a motive for paying for her abortion. He never counseled her about options to keep the child. She endured extreme pain and emotional trauma during the abortion and was later found to have posttraumatic stress disorder, multidepressive disorder, and anxiety as a result

of the experience. She countered the ObGyn's contact information claim by saying that her phone number had not changed.

▶ **PHYSICIAN'S DEFENSE:** The ObGyn admitted negligence in failing to timely communicate test results but contended that the patient was more than 50% responsible for any delay by failing to update her contact information when she moved. The ObGyn denied causation of any injuries or damage.

▶ **VERDICT:** A \$1,439,250 Illinois verdict was returned.

Did delay in delivery cause infant's death?

A WOMAN PRESENTED to the hospital in labor. During delivery, the patient's ObGyn encountered shoulder dystocia. The infant died shortly after birth.

▶ **PARENTS' CLAIM:** The ObGyn and hospital nurses were negligent. The nurses failed to monitor labor and properly communicate with the ObGyn. The ObGyn failed to appreciate the baby's large size and order a cesarean delivery. The infant's death was due to a hypoxic event during delivery.

▶ **DEFENDANTS' DEFENSE:** The baby gained an unexpected amount of weight between the last prenatal visit and labor. There was no reason to expect a complication to vaginal delivery. The nurses denied negligence. The child's sudden death was caused by a genetic cardiac condition.

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

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