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Case No. 6 - Perinatal Complications with Eclampsia

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PERINATAL COMPLICATIONS OF ECLAMPSIA

Jane and Michael Smith, married in 1994, lived two-blocks away from the Gotham Hospital. Jane's first child born in 1997 weighed 8 pounds 8 ounces and her second child born in 1998 weighed 8 pounds 13 ounces. Each delivery was by cesarean performed by Dr. Jones. Jane and Michael then moved to a suburb some considerable distance from Gotham Hospital. In 2003, when Jane again became pregnant she asked Dr. Jones to once again manage the pregnancy.

Dr. Jones agreed and determined that because of the two prior cesarean deliveries, Jane would again have a repeat cesarean for this third pregnancy.

During Jane's second cesarean, Dr. Jones identified that gaining surgical access to the uterus was exceedingly difficult. Therefore, because this next cesarean might be even more surgically difficult, Dr. Jones advised that for this third delivery, he would arrange for an additional skilled surgeon to be present.

Dr. Jones anticipated that the child of this pregnancy would probably be even larger than the last child, who at 8 pounds and 13 ounces was greater than the 90th percentile from a statistical standard population of children.

On March 28, 2004, Dr. Jones admitted Jane to the Gotham Hospital because of identified hypertension connected to preeclampsia.

Jane's pregnancy on March 28, 2004 was at 30 weeks gestation. A biophysical profile (B.P.P.) confirmed that Jane's unborn son was O.K. A plan was created by Dr. Jones to defer delivery, monitor Jane and her child through a series of twice-a-week evaluations (on each Monday and each Thursday) at the Gotham Hospital Perinatal Center operated by Dr. Frank Pace and Dr. Mary Grace who were each maternal-fetal medicine specialists.

Dr. Jones' office was located on the ninth floor of the hospital building. The hospital perinatal center was located on the 7th floor of the hospital building.

Each Monday and Thursday, Jane and Michael Smith would wait until after rush hour when they would travel for about an hour from their suburban home to the hospital. Jane would first go to the perinatal unit and receive testing. The testing included a non-

stress test (NST) run by a nurse using a fetal heart rate monitor. The testing also would include an ultrasound study run by a technician. With the ultrasound the technician would assess fetal breathing movements, gross fetal body movements of the trunk, arms and legs, and fetal muscle tone. Additionally, the technician would measure amniotic fluid volume.

The nurse running the NST would ask Jane to press a button when she felt her baby move. If the test result would be "normal" or "reactive" the fetal heart would accelerate in response to movement. If the study was "non-reactive" reflecting that the fetus might be in a sleep-cycle, the nurse could stimulate the fetus as that stimulation should produce movement and a fetal heart acceleration in a healthy, non-compromised fetus. If criteria for "reactivity" were not met, the test would be "abnormal" or "non-reactive." Reactive would have a score of "2". Non-reactive a score of "0."

The technician running the ultrasound would observe gross fetal body movements, fetal breathing movements and fetal muscle tone. If criteria were met, each would receive a score of "2". If not, there would be a score of "0". Additionally, amniotic fluid volume would be measured and if criteria were met, a score of "2" or if not a score of "0".

Additionally, unrelated to the B.P.P. scoring system, the technician could measure fetal size resulting in an estimated fetal weight percentile for gestational age for the purpose of identifying evidence of growth restriction.

Jane went each Monday and each Thursday to the Perinatal Center. The testing was performed by a nurse and a technician. Dr. Pace and Dr. Grace would then review the information received from the technician and nurse and sign the report. Neither Dr. Pace nor Dr. Grace ever spoke to Jane or Michael Smith.

However, when the testing was done, Jane and Michael would meet with Dr. Jones who assured them each Monday and each Thursday that everything was going well.

Jane was last seen at the Perinatal Center on Monday, April 26th when the pregnancy was then at 34 gestational weeks. Dr. Mary Grace "signed" the report. Jane had previously been seen at the Perinatal Center on Thursday, April 22nd when the report was signed by Dr. Frank Pace. Jane was scheduled for a return to the Perinatal Center on Thursday, April 29. The nurse at the

antepartum testing unit recorded a blood pressure of 165/98, recorded it on the strip but did not make the MFM aware. The MFM when signing the report, only looked at the strip and interpreted the biophysical profile, believing his responsibility was to provide antepartum testing, but did not question the patient nor communicate the information to the primary ob/gyn. The report, which did include the elevated blood pressure, was signed that evening and sent to the primary ob/gyn via interoffice mail so it was not seen by the primary ob/gyn until two days later (the day of the seizure).

The patient called complaining of heart burn but the doctor's nurse told her to take Mylanta.

On Wednesday evening, April 28th, Jane noted a headache, but was able to sleep through the evening. However, when she awoke on Thursday morning, April 29, 2004 her headache was worse. What alarmed Jane was an inability to see herself in the mirror. Michael reached Dr. Jones by phone. Dr. Jones advised Michael to immediately rush to the hospital. On the way to the hospital, Michael and Jane were stuck in rush hour traffic barely moving when Jane began to have convulsive seizures.

Michael exited the highway through a service median and reached a local hospital off the highway. Jane was immediately admitted to the labor and delivery unit through the emergency department.

A crash emergency cesarean resulted in the birth of Barry Smith who had evidence at birth of hypoxia/asphyxia.

Intravenous, antihypertensive medication brought Jane's extremely high blood pressures down into a safer range. The surgical delivery of Jane was very traumatic and difficult especially under such rush circumstances. Jane fortunately recovered. Her surgical complications fortunately were transient. Unfortunately, Barry Smith had evidence of brain damage due to a lack of adequate blood flow to the brain.

Jane had headaches prior to April 28th. She and Michael were unaware that a headache on Wednesday evening April 28th was a signal for a potentially grave problem.

Dr. Jones interacted with Jane and Michael at each of the Monday and Thursday visits. Dr. Jones was relying on the high risk perinatal doctors (Dr. Grace and Dr. Pace) for his plan and

management decisions. His plan was to wait for 35 to 36-weeks to deliver.

Dr. Pace was involved only in testing and was not involved in any management decisions.

Dr. Grace also was not involved in making any management decisions as Dr. Grace viewed the job as one in which they did a test and then give the test results .. but not volunteer any management recommendations."

A March 26th ultrasound revealed an estimated fetal weight in the 53rd percentile. Just 3½ weeks later on April 20th, the estimated fetal weight was at the 31st percentile in a child who reasonably would be expected to be over the 90th percentile.

Additionally, with regard to the twice-a-week testing, each of the last five NST tests were abnormal (nonreactive) and in 3 of the 5 NST tests, the nurse used stimulation in an effort to wake the baby (if asleep), yet those NST tests each remained non-reactive even after stimulation.

Timeline

- 2003 Jane Smith became pregnant with her third child and begins pregnancy care with Dr. Jones.
- 3/28/04 Dr. Jones admitted Jane to the hospital with a diagnosis of preeclampsia at 30 weeks gestation.
- 3/29/04 Jane was discharged from the hospital with a plan to have follow up biophysical profiles (B.P.P.) each Monday and Thursday. At each visit, either Dr. Grace or Dr. Pace would review the B.P.P. data and would then sign the report.
- 4/22/04 (Thursday) Jane, then at 33 weeks and 3 days, had a B.P.P. The report was signed by Dr. Frank Pace.
- 4/26/04 (Monday) Jane, then at 34 weeks, had a B.P.P. The report was signed by Dr. Mary Grace.
- 4/29/04 (Thursday) then at 34 weeks and 3 days, Jane gave birth to her son, Barry, by emergency cesarean.