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Case No. 15 - Preterm Cervical Funneling and Incompetent Cervix Leading to a Preterm Birth

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PRETERM CERVICAL FUNNELING AND INCOMPETENT
CERVIX LEADING TO A PRETERM BIRTH

On Monday, March 1, 2004, Mrs. Jane Smith, then in the second trimester of her first pregnancy was at the office of Dr. Jones who was her private OB/GYN. The pregnancy was then at 20 weeks gestation.

On that date, an ultrasound was obtained and the office ultrasonographer (a trained technician) advised Dr. Jones that the abdominal ultrasound revealed some funneling at the internal cervical os. On that same day, Mrs. Smith advised Dr. Jones' office personnel that she lost her health insurance. Mrs. Smith was told that followup pregnancy care would be at the community hospital clinic. At the clinic, Mrs. Smith and other clinic patients would be seen at each clinic pregnancy visit by any one of 12 different private OB-GYNs each of whom were required to cover hospital clinic pregnancy patients on a rotational basis. Clinic patients who did not have private health insurance would be "covered" by Medicaid.

Dr. Jones was aware that funneling of the internal cervical os may be evidence that the cervix is prematurely opening from the inside due not to labor contractions but rather due to a physical inability of the cervix to remain closed in the face of incremental increases in the forces expanding the uterus as the fetus is increasing in size. This functional inability of the cervix to remain closed is called an incompetent cervix. (IC)

Dr. Jones was aware that an incompetent cervix can "silently" lead to a preterm complete opening of the cervix without labor contractions.

Aware of the issues and aware that Jane Smith would be followed in the clinic, Dr. Jones advised Jane to have complete bed rest for 1 week and then go to the clinic one week later, on Monday, March 8, 2004. Dr. Jones' plan for Jane Smith was for a followup ultrasound to determine if the bed rest had stabilized the funneling. If not, Dr. Jones anticipated that on followup, cerclage would be "considered" if the funneling worsened.

Dr. Jones agreed that an abdominal ultrasound is not as accurate in measuring the depth of the funnel and measuring the

length of the residual closed cervix and Dr. Jones also agreed that in 5 minutes he could have obtained more accurate measurements of the funneling and residual closed cervix with a vaginal ultrasound so a subsequent measurement could more accurately determine if the problem was worsening. Dr. Jones did not obtain a vaginal ultrasound. Instead, Dr. Jones gave Jane a prescription for a followup ultrasound but did not furnish the ultrasound for comparison and did not document what Jane's medical issue was or document why he wanted a followup ultrasound in one week.

One week later, on March 8, 2004, now at 21 weeks gestation Jane Smith went to the clinic and presented the prescription to Dr. Mary Grace who was covering on a rotational basis. Jane explained to Dr. Grace that day at the clinic she had been on bed rest for "funneling." Dr. Grace did an internal vaginal exam and advised Jane that her cervix was "fine" and "normal." Jane was told she could resume normal activities. A next pregnancy appointment was set for 4 weeks later which time interval would be routine for a normal pregnancy.

The internal vaginal exam enabled Dr. Grace to feel the external cervical os and determine that part of Jane's cervix remained closed. That internal vaginal exam also could roughly estimate residual cervical length but did not identify the funneling or measure the length of the funnel or the precise length of the residual closed cervix or determine if there had been a change in the degree of the funneling.

Dr. Grace did not speak to Dr. Jones and Dr. Jones made no arrangements to communicate his plan to "whoever" would be covering the clinic for the March 8, 2004 followup.

Three weeks later on March 29, 2004 at 24 weeks gestation, Jane went to the community hospital labor and delivery unit. Her cervix had completely opened. There were no contractions. However when the bag of waters prolapsed through the open cervix she perceived "something" unusual and so she went to the community hospital.

Dr. Frank Pace who was a high risk OB-GYN employed by the hospital was called. He diagnosed an incompetent cervix with a bag of water that had prolapsed through. Realizing that preterm birth was inevitable, Dr. Pace transferred Jane to University Hospital. At University Hospital, Jane was observed on complete

bed rest for one week. Though Jane never developed labor contractions, evidence of a developing infection caused by the completely open cervix resulted in a required delivery one week later on April 4, 2004 at 25 weeks gestation.

At birth, Barry Smith was a 25 week, 2 pound premature baby admitted to the newborn intensive care unit (NICU) for care. Barry experienced multiple complications related to his prematurity requiring the NICU care. Though Barry survived, the consequences of those complications left him with serious permanent residual brain and lung damage.

TIME LINE

- 2004 Jane Smith became pregnant with her first child. Pregnancy care begins with Dr. Jones.
- 3/1/04 At 20 weeks gestation, Jane is seen in the private OB/GYN office of Dr. Jones.
- 3/8/04 At 21 weeks gestation, Jane is seen at the Community Hospital Clinic by Dr. Grace.
- 3/29/04 At 24 Weeks Gestation, Jane is seen at the Community Hospital Labor and Delivery Unit by Dr. Pace.
- 4/5/04 At 25 Weeks Gestation, Barry Smith is born at University Hospital.